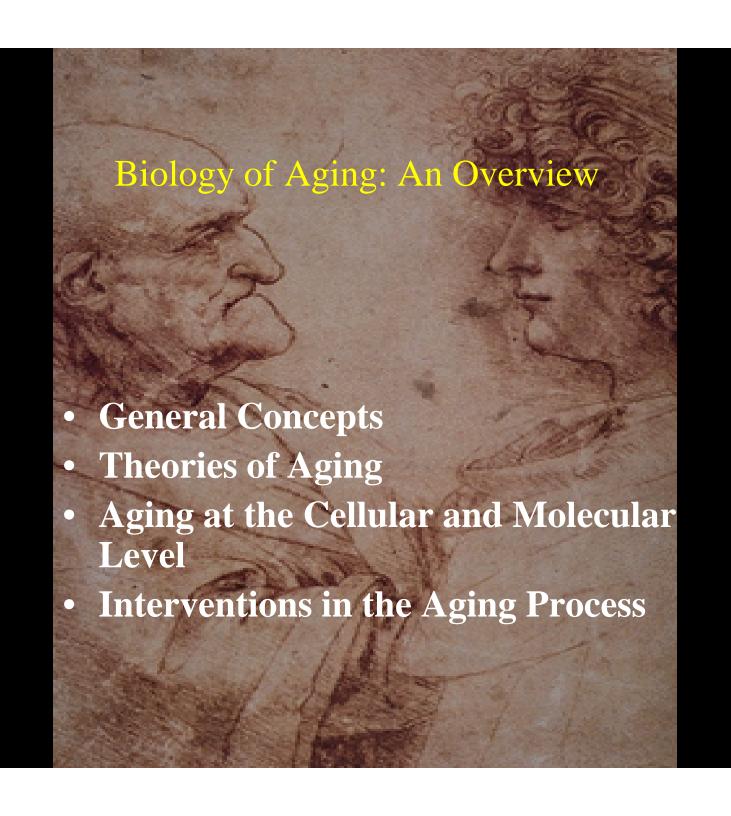
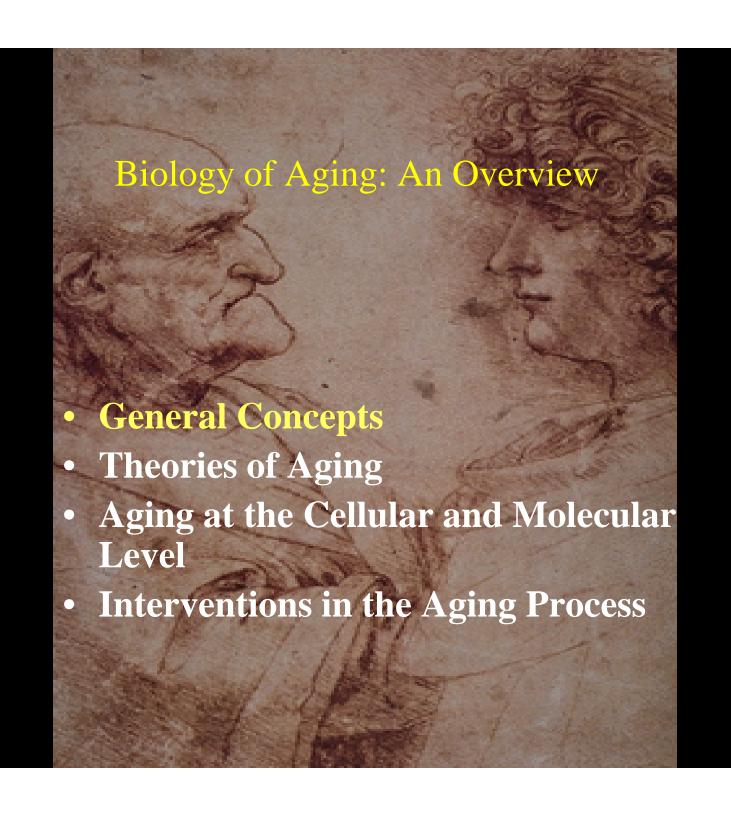
The Biology of Aging: An Overview

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Aging v. Senescence







Beneficial

Neutral

Deleterious

Universality of Aging

- No evidence that prokaryotes undergo senescence
- Populations of single-celled eukaryotic organisms are immortal
- In multicellular organisms, senescence occurs in those that undergo somatic cell differentiation

Rates of Senescence

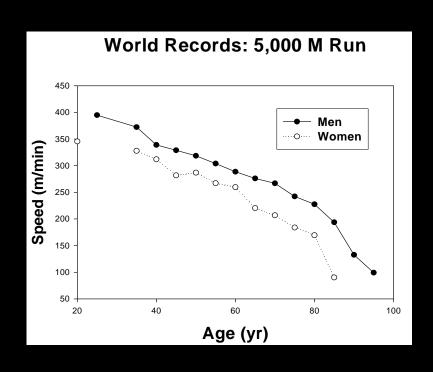
- <u>RAPID</u>: occurs abruptly after maturation (e.g. nematodes, flies) or soon after reproduction (e.g., annual plants, Pacific salmon)
- GRADUAL: slow but persistent deterioration after maturation in all placental mammals
- <u>NEGLIGIBLE</u>: no clear evidence for postmaturational increases in mortality rate (e.g., clams, trees, fish, reptiles)

Q: Whic	h of the following is <i>true</i> with regard to primary aging processes?
	They are deteriorative changes over time in the relative absence of disease or injury.
	Protection against premature death underlies survival increases that would otherwise be reduced secondary to primary aging processes. They do not influence maximum life span.
	They are not thought to be the underlying cause of senescence across species.

Primary Aging Processes

- Deteriorative changes over time in the relative absence of disease or injury
- Influence maximum life span
- Thought to be the underlying cause of senescence across species

Primary aging processes occur in the absence of disease



Bill Collins World's Fastest 50 Year Old





Age 17

Age 52

Median Length of Life

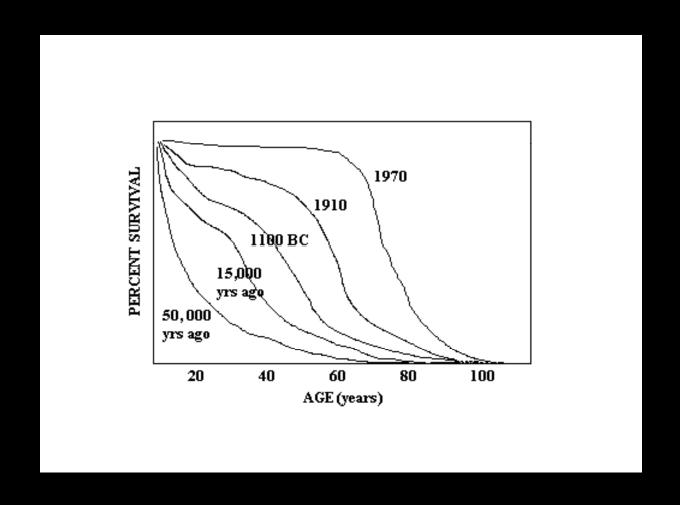
- Age at which there are as many individuals with shorter life spans as there are with longer ones
- Protection from premature death underlie survival increases
- Thought NOT to reflect primary aging processes

Maximum Life Span

- Age of the longest-lived survivors of a cohort or population
- For humans, operationally considered to be the oldest age reached by 1 in 100 million people
- Considered to be inversely proportional to the rate of aging of a population

Q: All of	the following resulted in a dramatic increase in average life span in the early 1900s <i>except</i> :
	Sanitation Immunization
	Better nutrition Antibiotics

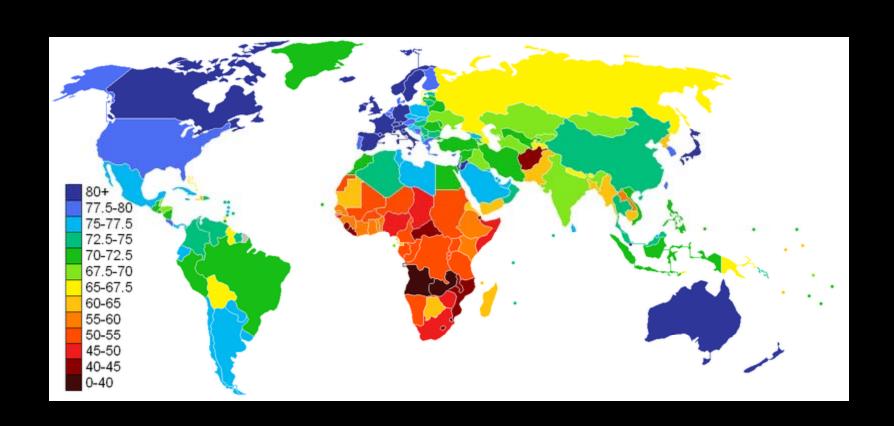
Human Survivorship through History



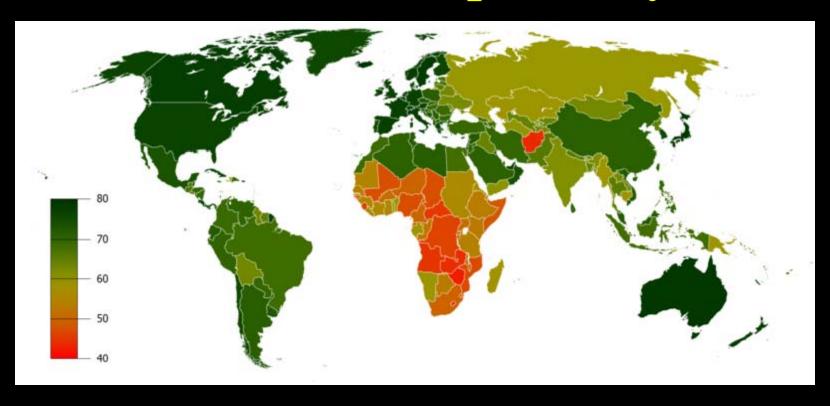
Life Expectancy List by the United Nations (2005-2010)

Rank	Country	Life expectancy at birth (years) Overall	Life expectancy at birth (years) Male	Life expectancy at birth (years) Female
1	Japan	82.6	78.0	86.1
2	Hong Hong	82.2	79.4	85.1
3	Iceland	81.8	80.2	83.3
4	Switzerland	81.7	79.0	84.2
5	Australia	81.2	78.9	83.6
6	Spain	80.9	77.7	84.2
7	Sweden	80.9	78.7	83.0
8	Israel	80.7	78.5	82.8
9	Macau	80.7	78.5	82.8
10	France (metro)	80.7	77.1	84.1
11	Canada	80.7	78.3	82.9
12	Italy	80.5	77.5	83.5
36	United States	78.3	75.6	80.8

Life Expectancy at birth



Male Life Expectancy



Longest-lived Humans



Jeanne Calment (France) Lived to age 122



Christian Mortensen (Danish-American) Lived to age 115

Robine, J-M & Allard, M, Science <u>279</u>: 1834-5 (1998). Deianna, L et al. JAGS <u>50</u>: 2098-9 (2002).

Q: Exam	nples of long-lived human populations point to which of the following pro-longevity factor(s): Genetic pre-disposition
	Dietary practices
	Spirituality
	Conformity to beneficial health practices
	All of the above

The places where people live the longest

- Okinawa, Japan
- Ovodda, Sardinia (Italy)
- Loma Lida, CA (USA)



Keys to longevity-Okinowa

- "hara haci bu"
- Rainbow diet
- Diet: soy > fish, meat, eggs, dairy
- BMI 20.4
- ~1200 cal diet
- DHEA levels decline more slowly



Keys to longevity- Ovodda, Sardinia

- As many men live to 100 as women
- Sardinians who emigrated at 20, 30 or 40 years of age still manage to reach 100
- Descended from only a few original settlers isolated, interbreeding
- G6PD deficiency, other genetic traits?



Keys to longevity- Loma Linda, CA

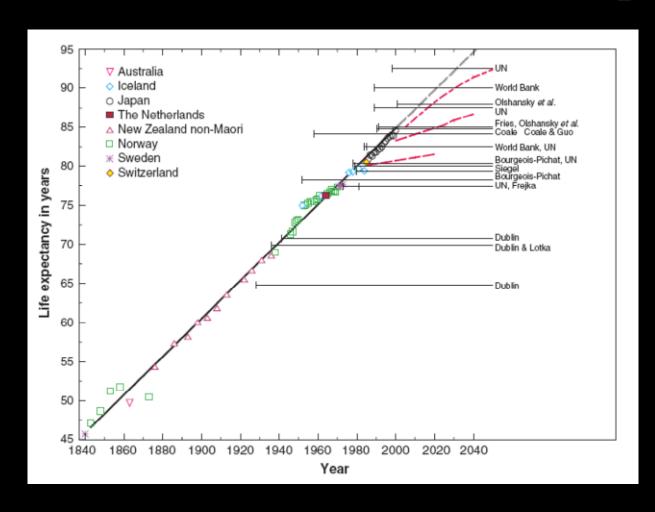
- Seventh Day Adventists
- Members live 5-10 years longer than fellow citizens
- No drinking or smoking
- Many adhere to a vegetarian diet the church advises
- Spiritual life
- Regular churchgoers of whatever faith live longer
- Significantly lower levels of stress hormones



Keys to longevity

"How long would you live if you were a Sardinian 7th Day Adventist who moved to Okinawa at 20 years of age?"

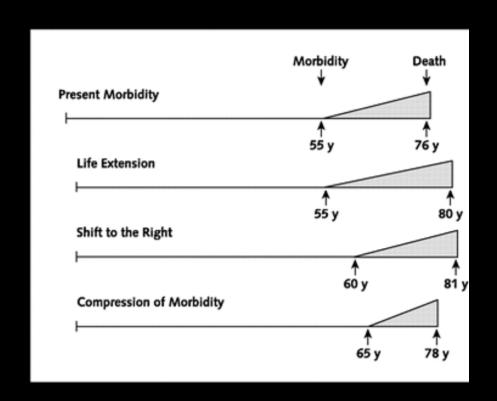
Broken Limits to Life Expectancy



Female life-expectancy in Japan has risen for 160 years at a steady pace of almost 3 m/yr!

Oeppen & Vaupel Science 296: 1029-31 (2002)

Compression of Morbidity

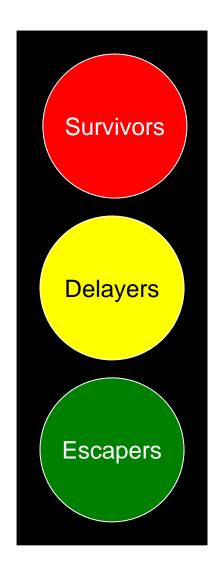


Fries, JF Ann Int Med 139:455-9 (2003)

Q: Whic	th is true regarding morbidity with increased life span as reflected by disability trends? Morbidity increases with life extension.
	Morbidity remains the same with increased life span.
	Morbidity is compressed.

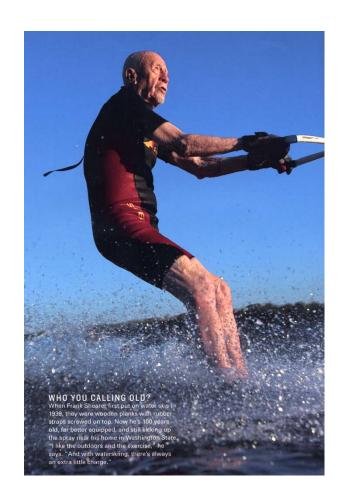
Q: Whic	n of the following is true regarding the onset of age-related disease in centenarians?
	Age-related disease is delayed by almost one decade.
	Age-related disease occurs at about the same time in centenarians as in individuals with average life expectancy.
	Age-related disease does not occur in centenarians.
	Age-related disease may occur at about the same time as in individuals with average life spans, may be delayed or even absent in centenarians.

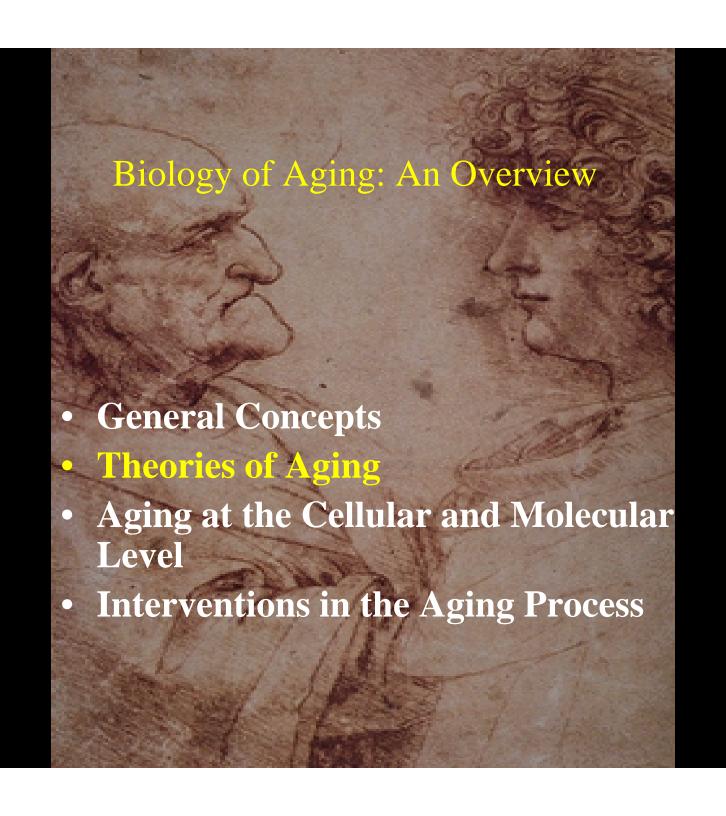
Who are centenarians?



Characteristics of Aging	Examples
Increased mortality after maturation	Survival curves showing exponential increase in mortality with age
Changes in biochemical composition of tissues	Increases in lipofuscin or age pigment Increased cross-linking in extracellular matrix molecules such as collagen
Progressive, deteriorative physiologic changes	Declines in glomerular filtration rate, maximal heart rate, vital capacity
Decreased ability to adaptively respond to environmental changes	Decreased "first past" hepatic metabolism Blunted maximal cardiac responses to exercise
Increasing incidence of many diseases	Ischemic heart disease, type II diabetes, osteoporosis, Alzheimer's disease

Characteristics of Aging	Exceptions	
Increased mortality after maturation	Human age-specific mortality rates do not continue to increase exponentially at very advanced ages	
Changes in biochemical composition of tissues	Changes are quite heterogeneous from organ to organ within a specific individual and also from individual to individual ("usual" and "successful" aging)	
Progressive, deteriorative physiologic changes	m m	
Decreased ability to adaptively respond to environmental changes	" "	
Increasing incidence of many diseases	Elimination of atherosclerosis and cancer as causes of death would only add about ten years to average life span and would not affect maximum life span potential	





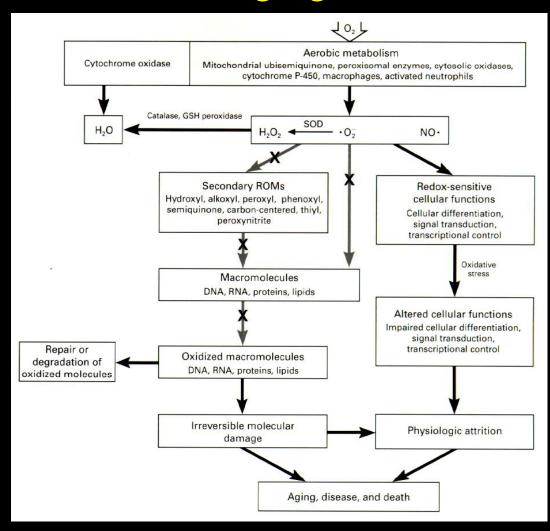
Stochastic or Random Error Theories

Genetic/ Developmental Theories

Evolutionary Theory

Theories of Aging

Cumulative Oxidative Damage during Aging



Weindruch, R & Sohal, RS NEJM <u>337</u>: 986-94 (1997).

Q: All of	the following evidence supports a genetic basis for longevity, except:
	Common polymorphisms in the APOE gene have a modest effect on life span.
	There is high conservation of maximum life span seen between species .
	There are examples of exceptional longevity within families.
	Twin studies demonstrate that genetic differences likely account for about 50% of the variance in adult human life span.

Genetic Basis of Aging Theories

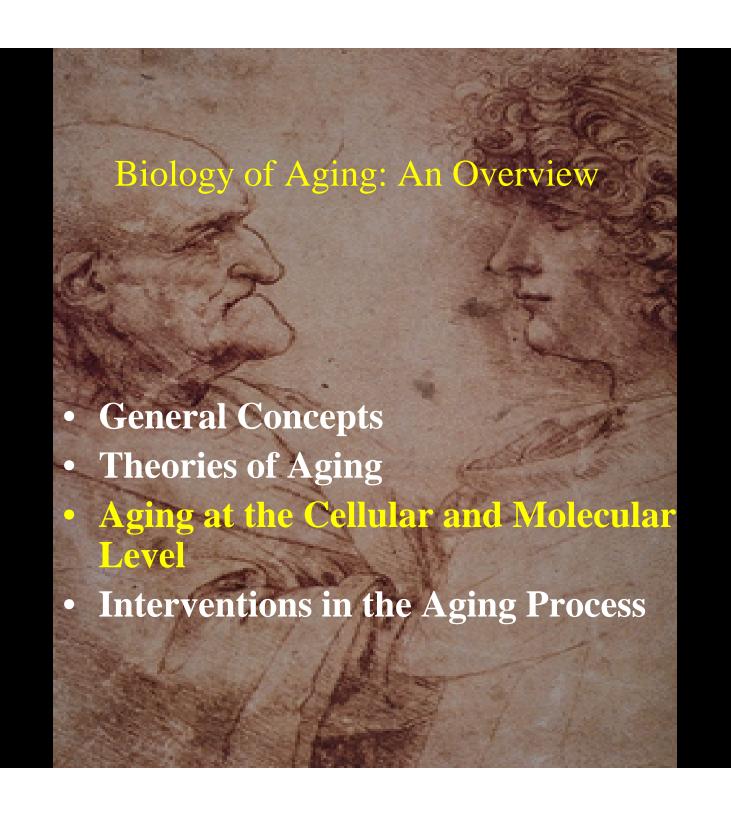
- High conservation of maximum life span between species
- Similarity of attained age between monozygotic twins compared to dizygotic twins or nontwin siblings
- Examples of exceptional longevity within families
- Subsets of aging features in human genetic syndromes of premature aging

Most commonly described human segmental progeroid syndromes.						
			Mean			
Syndrome	Incidence (per live birth)	Inheritance	life_	Progeroid features	Genome maintenance defect	
Hutchinson- Gilford	<1/1,000,000	Unknown	~13	Alopecia, sclerosis, wrinkling, soft tissue, cachexia, arteriosclerosis, diminished fat	Laminin	
Werner	<1/100 000	Autosomal recessive	~50	Alopecia, osteoporosis, malignancies, arteriosclerosis, diabetes, cataracts, telangiectasia, skin atrophy, graying of hair	DNA helicase (RecQ-like), exonuclease	
Rothmund- Thomson	<1/100 000 I	Autosomal recessive	Normal ?	Alopecia, malignancies, poikiloderma, cataracts, osteoporosis, graying of hair	DNA helicase (RecQ-like)	
Cockayne	~1/100 000	Autosomal recessive	~20	Thin hair, cachexia, retinal degeneration, hearing loss, neurodegeneration (cerebellar ataxia), cataracts	Transcription- coupled DNA repair	
Trichothiodys trophy	< 1/100 000	Autosomal recessive	~10	Cachexia, osteoporosis, cataracts, fragile hair, neurodegeneration (cerebellar ataxia)	DNA repair, basal transcription	
Ataxia telangiectasia	~1/60 000	Autosomal recessive	~20	Skin atrophy/sclerosis, telangiectasia, immunodeficiencies, malignancies, graying of hair, poikiloderma, neurodegeneration (cerebellar ataxia)	DNA damage signaling protein kinase	
Down	~1/1,000	De novo	~60	Cataracts, graying of hair, alopecia, diminished subcutaneous fat, vision loss, neurodegeneration (Alzheimer-like), thyroid dysfunction	Trisomy	

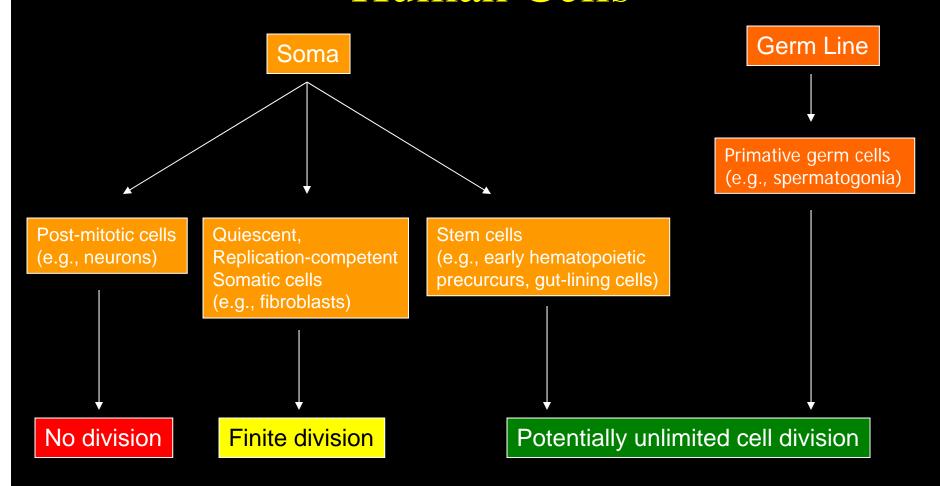
Adapted from Hasty, P et al. Science <u>299</u>: 1355-59 (2003).

Evolutionary Theory

- Risk of mortality increases with time after reproduction
- Genes that confer early benefits on reproductive fitness are selected, even if they cause deleterious effects later in life
- No selective pressure against genes that confer negative effects later in life
- Strong pressure to retain genes that diminish vulnerability in young and old alike



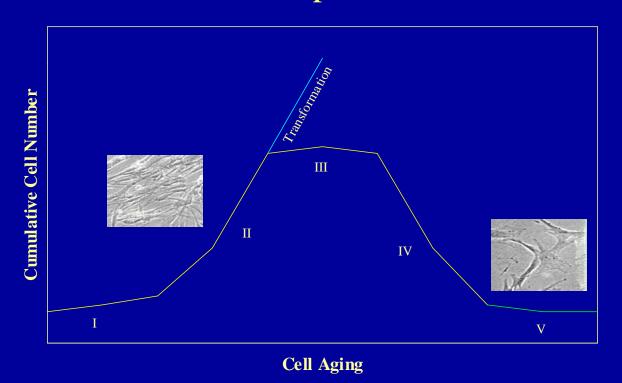
Replication Potential of Normal Human Cells



Q: Some characteristics associated with replicative senescence include all of the following except:						
	Apoptosis resistance					
	Finite replicative life span					
	Altered pattern of gene expression					
	Promotion of intrinsic aging in all cell types					
	Essentially irreversible growth arrest.					

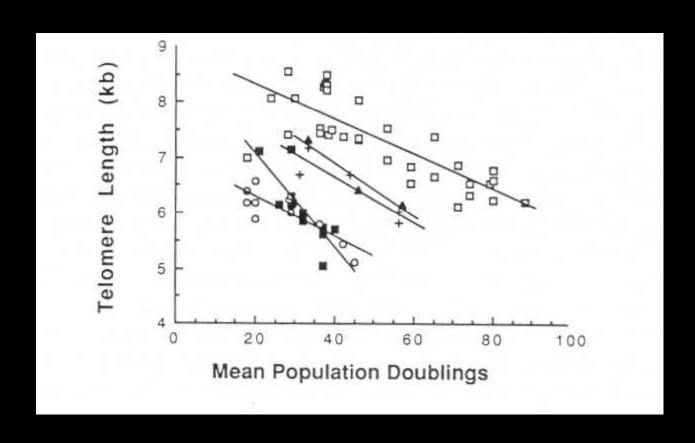
Cellular (Replicative) Senescence

Stages in the in vitro life history of normal human diploid fibroblasts



Adapted from Cristofalo, V.J. and Pignolo, R.J. Handbook of the Physiology of Aging, Oxford University Press, 1995.

Telomere Shortening with Cellular Aging



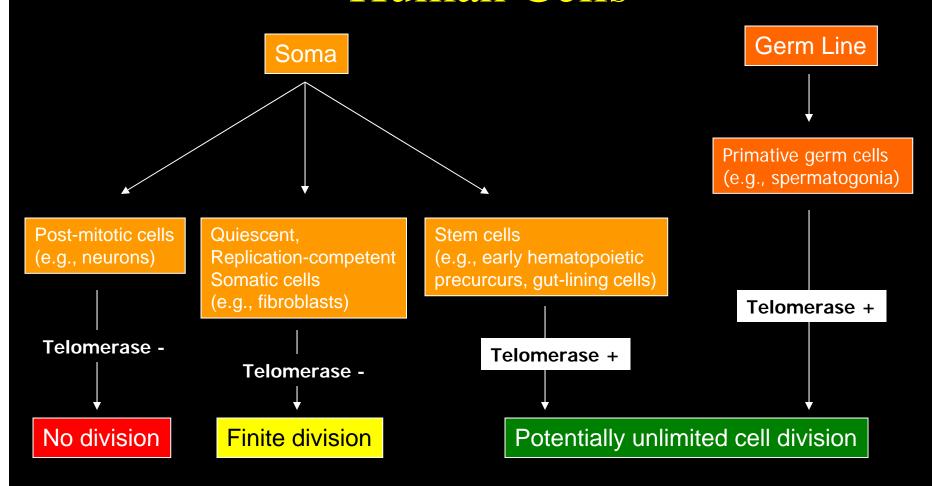
Harley, CB et al., Nature <u>345</u>: 458-60 (1990).

Telomere dysfunction

Telomere dysfunction/uncapping

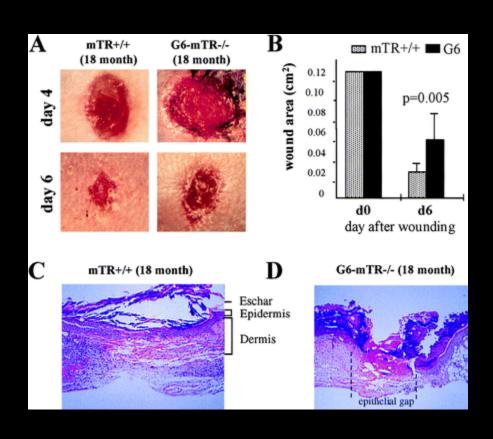
Persistent DNA damage Response

Replication Potential of Normal Human Cells



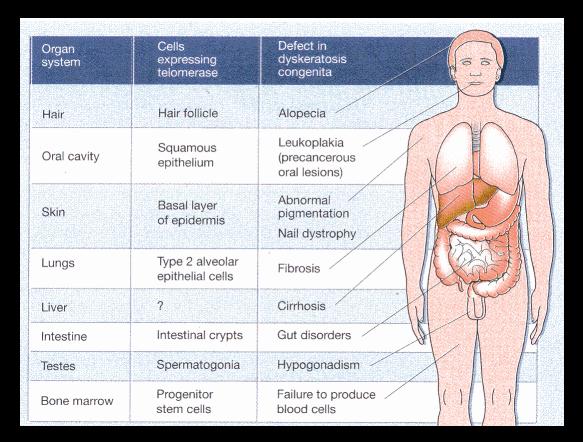
Aging in Telomerase-deficient mice

- Age-dependent telomere shortening
- Genomic instability
- Shortened life span
- Reduced capacity to respond to stressors
- Increased spontaneous malignancies
- Villi atropy of small intestine



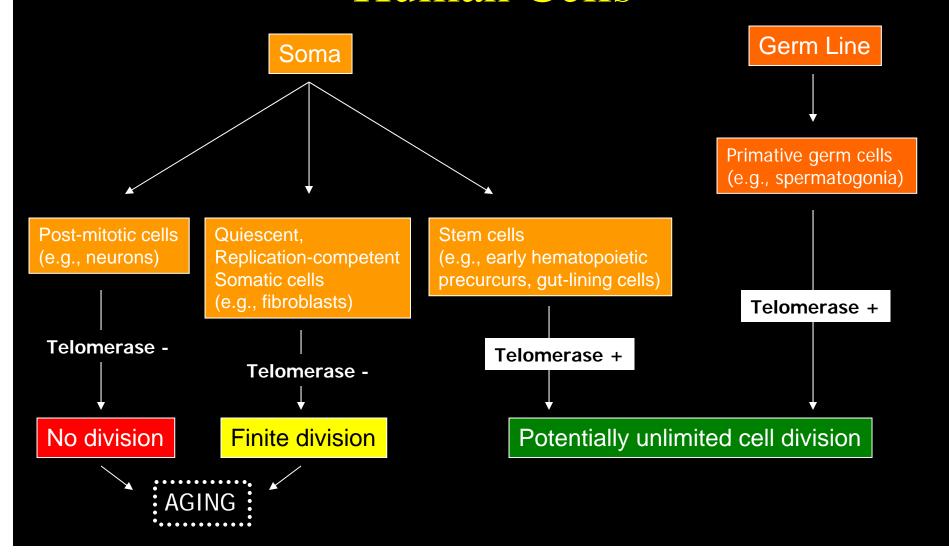
Rudolph, KL et al. Cell 96: 701-12 (1999).

Aging in Telomerase-deficient Humans

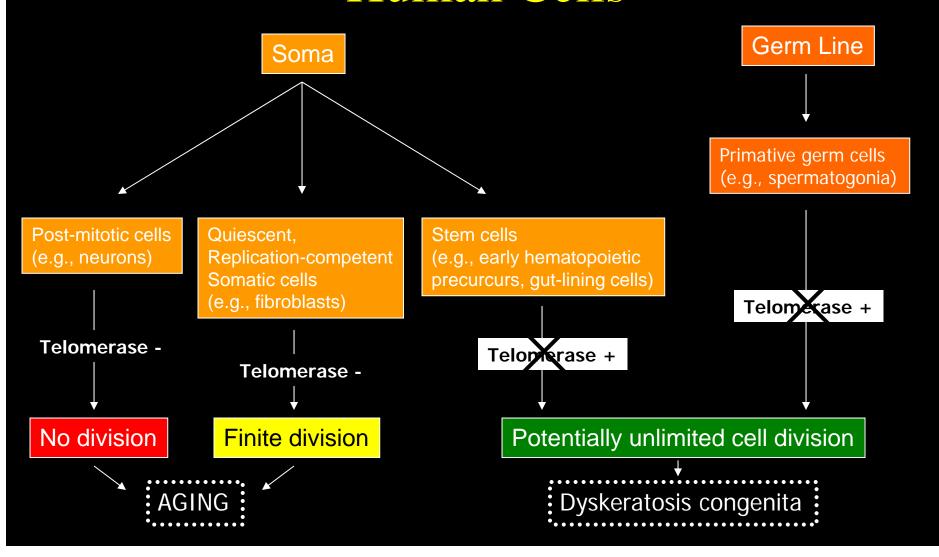


Marciniak, R & Guarente, L Nature <u>413</u>: 370-3 (2001).

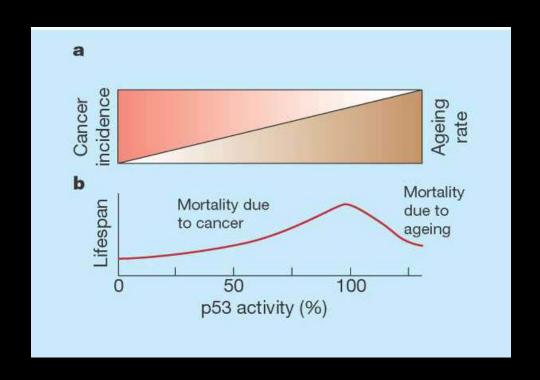
Replication Potential of Normal Human Cells



Replication Potential of Normal Human Cells

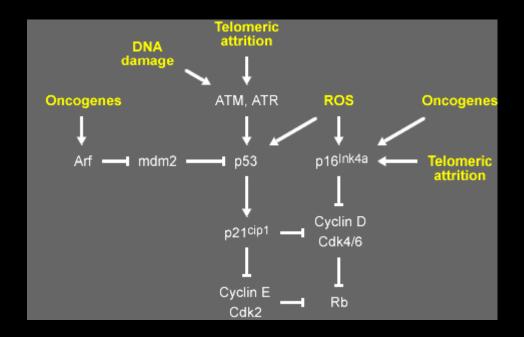


Aging, Cancer, and p53



Ferbeyre, G & Lowe, SW Nature <u>415</u>: 26-7 (2002).

Interactions between p53/p21 and p16/Rb

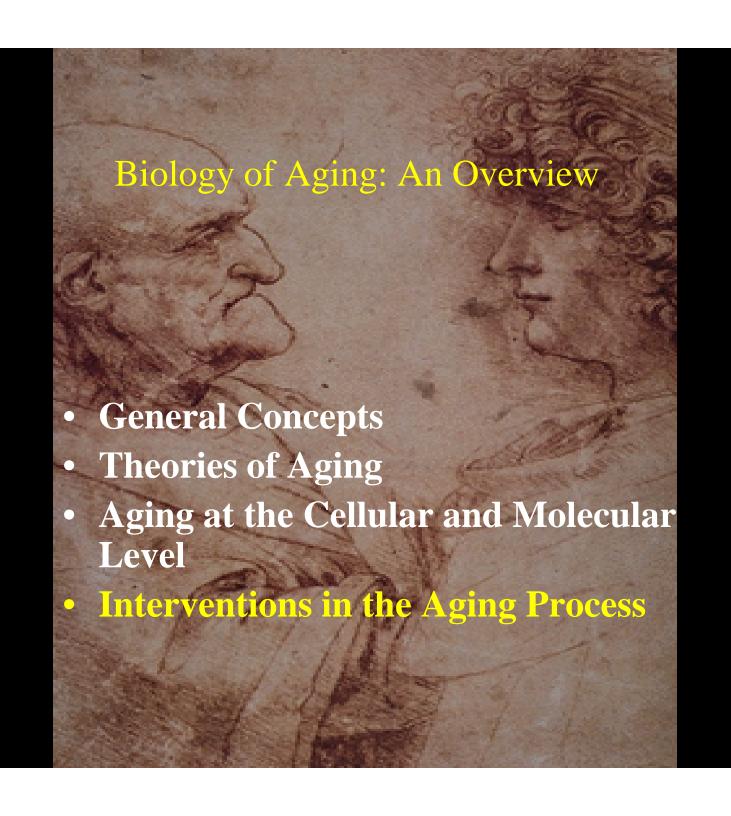


Q: Which	n one of the following statements most accurately describes immune senescence?
	It is associated with altered production of inflammatory cytokines.
	There is an increase in T and B cell diversity with age.
	It is similar in humans and mice.
	T memory cells decrease and T naïve cells increase with age.
	With aging, the response to new antigens remains intact.

Immune Senescence

(Perturbation of adaptive immune system with age)

- Altered/diminished immune responsiveness
 - Decreased response to new antigens
 - Decreased vaccine efficiency (e.g., influenza)
 - Compromised immune surveillance (?)
- Altered immune system physiology
 - Thymic involution
 - Decreased production of lymphocytes
 - Inversion in proportional representation of memory vs naïve cells (T memory cells increase and T naïve cells decrease with age)
- Altered immunoregulation
 - Increase in autoimmune syndromes (SLE, RA, SS, others)
 - Oligoclonal expansion of T- and B-cells (decrease in diversity with age)
 - Monoclonal gammopathies

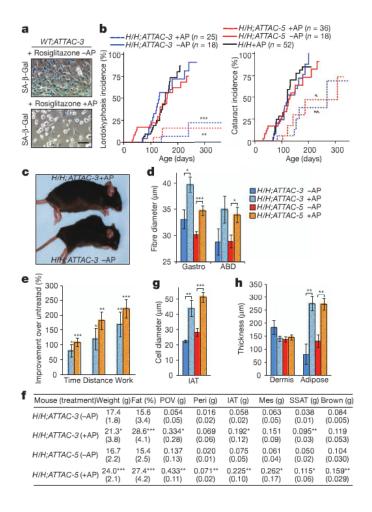


Interventions in the Aging Process

- Cell-based therapies
- Hormonal therapies
- Genetic manipulations
- Dietary therapies
- Other: hypothermia, exercise

Clearance of p16^{Ink4a}-positive senescent cells delays ageing-associated disorders

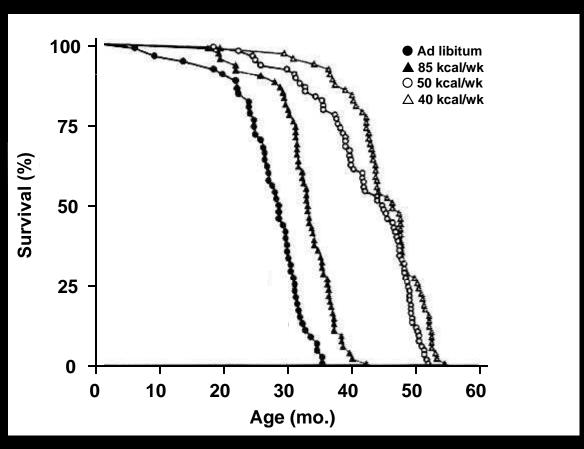
Darren J. Baker^{1,2,3}, Tobias Wijshake^{1,4}, Tamar Tchkonia³, Nathan K. LeBrasseur^{3,5}, Bennett G. Childs¹, Bart van de Sluis⁴, James L. Kirkland³ & Jan M. van Deursen^{1,2,3}



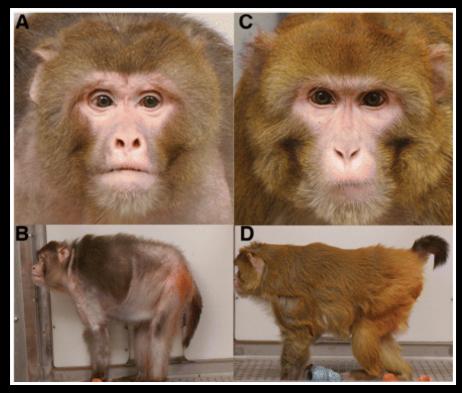
Dietary Therapies

- Caloric Restriction
 - Extends average and maximum life spans by 30-40% if initiated in early adulthood, and by 20% if started in early middle age
 - Usually 30-60% reduction in calories with adequate content of essential nutrients
 - Effect preserved in a variety of species, including rodents, fish, flies, and worms

Effect of Dietary Restriction on Life Span



Weindruch, R & Sohal, RS NEJM <u>337</u>: 986-94 (1997).



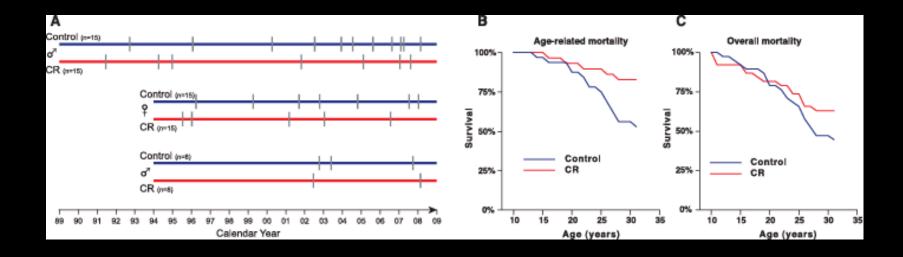
A&B, 27 year old control; C&D, 27 year old CR

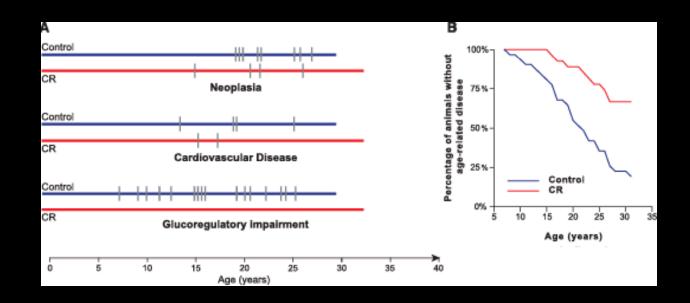
- Altered Growth,
 Development or
 Metabolism
 - Lower body temperatures
 - Later sexual development
 - Later skeletal maturation

- Improved Health
 - Lower weight
 - Less abdominal fat

- Reduced Risk for Agerelated Diseases
 - Greater insulin sensitivity
 - Lower fasting insulin and glucose levels
 - Lower cholesterol and triglyceride levels
 - Higher HDL levels
 - Lower IGF-I levels
 - Slower decline in DHEAS

- Effects in Rodents but Still under Investigation in Monkeys
 - Later onset of age-related diseases (including cancer)
 - Longer average life span
 - Longer maximum life span



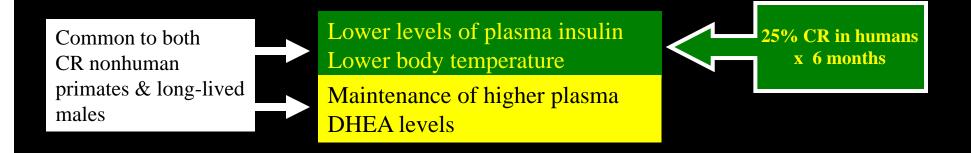


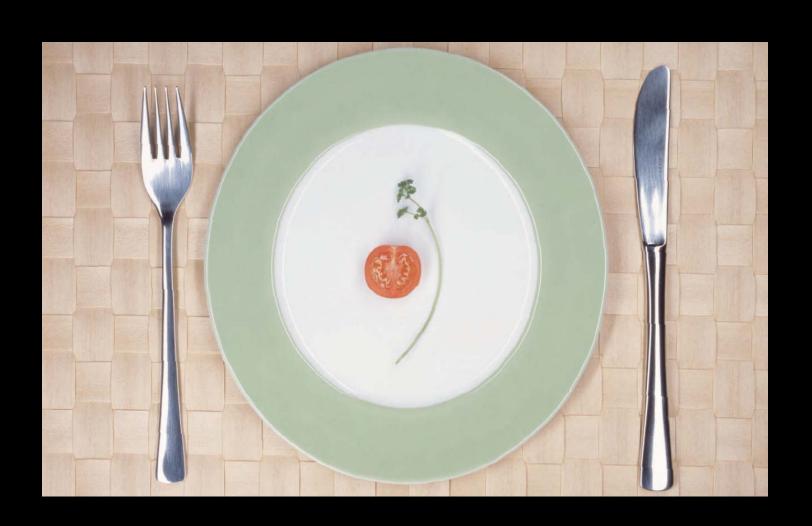
Caloric Restriction in Humans

- Okinawans
- Biosphere 2 Project
- Short-term studies in humans

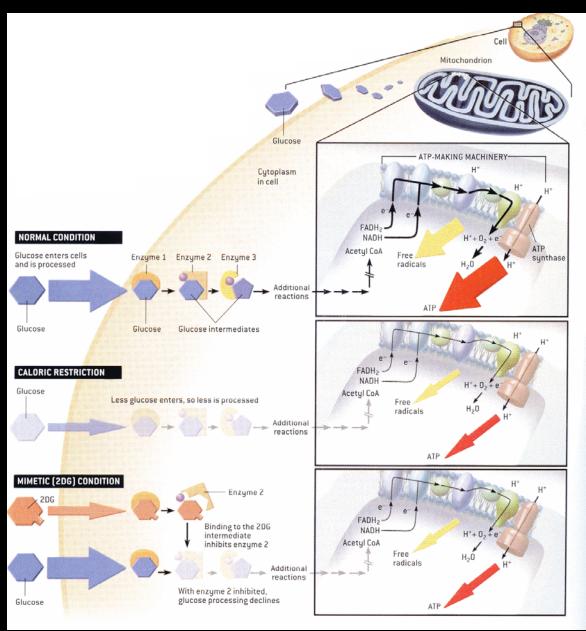


Caloric Restriction in Humans



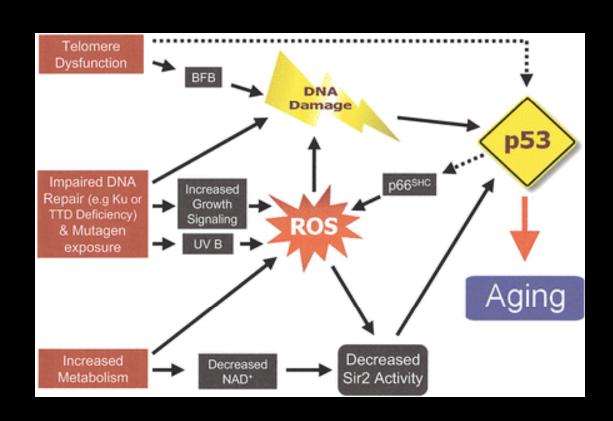


Prototype Caloric-Restriction Mimetic

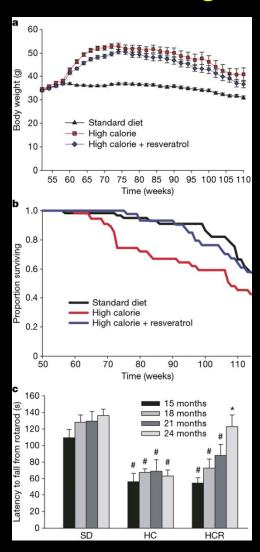


Lane, MA et al. Scientific Am. Aug 2002, 37-41.

Sirtuins (protein deacetylases): mediators of caloric restriction?



Resveratrol, a sirtuin activator, improves health and survival of mice on a high-calorie diet



Effects of resveratrol

- Extends lifespan of diverse lower species:
 - S. Cerevisiae
 - C. elegans
 - D. melanogaster

- Changes parameters associated with longer lifespan:
 - Increased insulin sensitivity
 - Reduced IGF-I levels
 - Increased mitochondrial number
 - Improved motor function

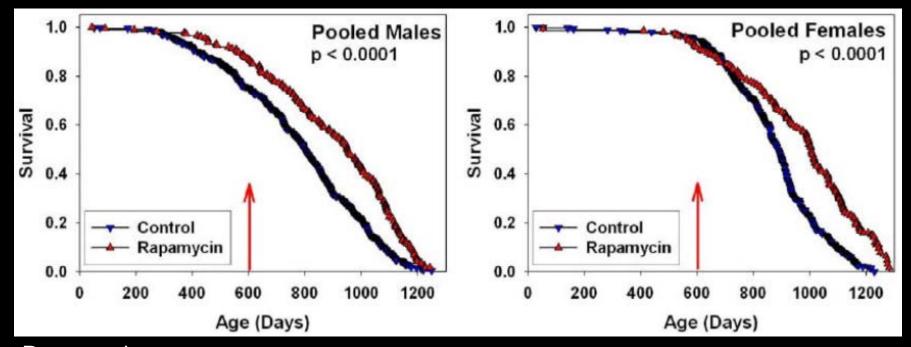
Dietary Therapies

- Antioxidant supplementation
 - Does not significantly change median or maximum life span
 - Except for vitamin E (and possibly vitamin C) being able to lower lipid oxidative damage, no evidence to support reduction in oxidative damage in humans
 - A compound with catalase and SOD activities (EUK-134) extends longevity in nematodes
 - Foods with a high oxygen radical absorbance capacity (ORAC) may be more protective than other antioxidant preparations
 - Antioxidants may help reduce the incidence of ARMD

Pharmaceuticals that have potential to extend life span

- National Institute of Aging has organized a multi-site study of in genetically heterogenous mice
- Of the agents being tested, aspirin and nordihydroguaiaretic acid have been found to lead to significant increases in life span in males
- Rapamycin leads to an increase in maximum longevity in both males and females
- Other compounds currently being tested as part of this initiative can be found at http://www.nia.nih.gov/ResearchInformation/ScientificResources/CompoundsInTesting.htm.

Rapamycin extends lifespan



Rapamycin:

- -- extended median and maximal lifespan of both male and female mice
- -- led to an increase in lifespan of 14% for females and 9% for males
- -- reproducible extended life span at three independent test sites in genetically heterogeneous mice
- -- did not affect disease patterns compared to control mice

Other dietary manipulations that extend maximum life span

- Low-methionine diets
- Brief, but early nutritional deprivation