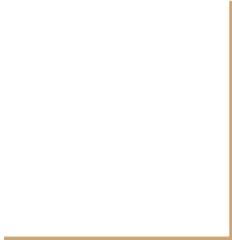




# Longevity Leap: Mind the Healthspan Gap

Secilia Salem



# Lifespan vs. Healthspan

## Lifespan

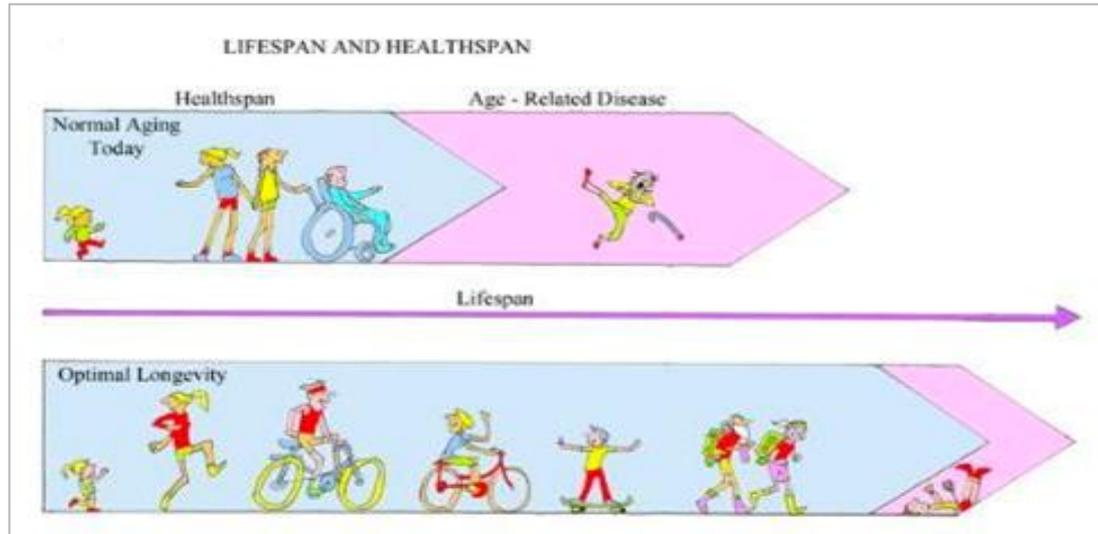
The period of time between the birth and death of an organism.

Average in US:

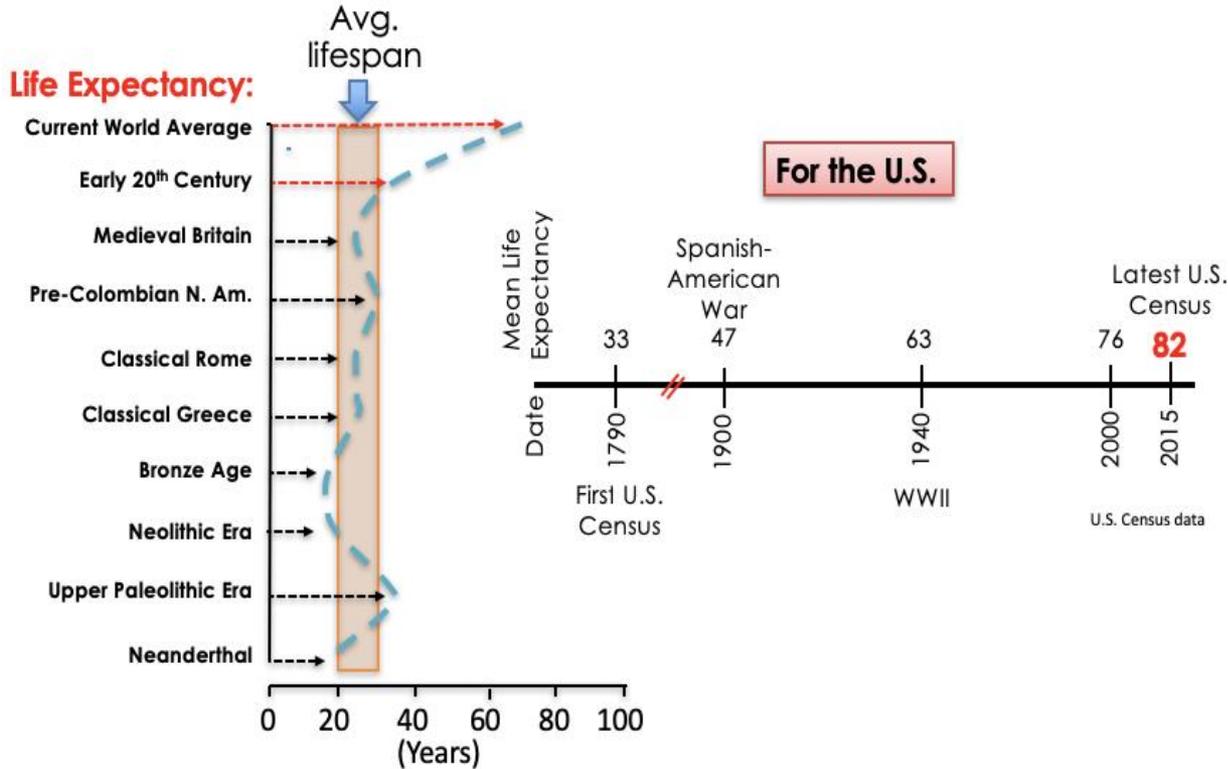
77.28 years (2020)

## Healthspan

The period of time in life when one is free from disease and disability.



# Why should we care about healthspan?



# Medicine Has Extended Our Life Expectancy

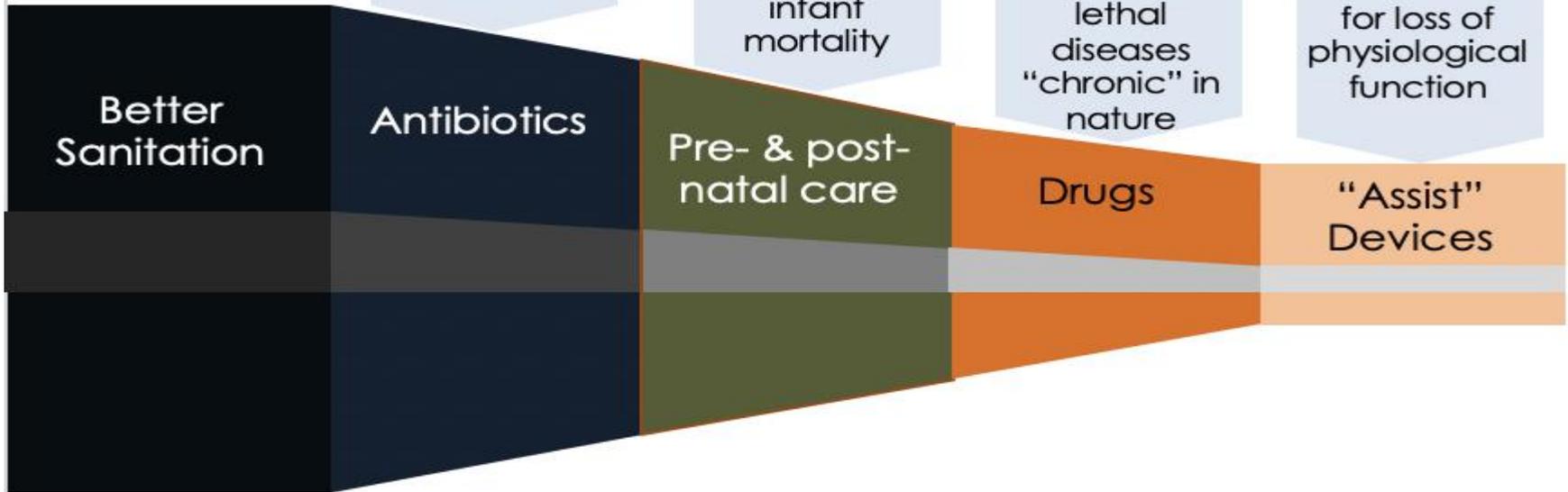


Dramatically decreased mortality from infectious diseases

Lowered mortality in childbirth & infant mortality

Has made otherwise lethal diseases "chronic" in nature

Compensates for loss of physiological function



Better Sanitation

Antibiotics

Pre- & post-natal care

Drugs

"Assist" Devices

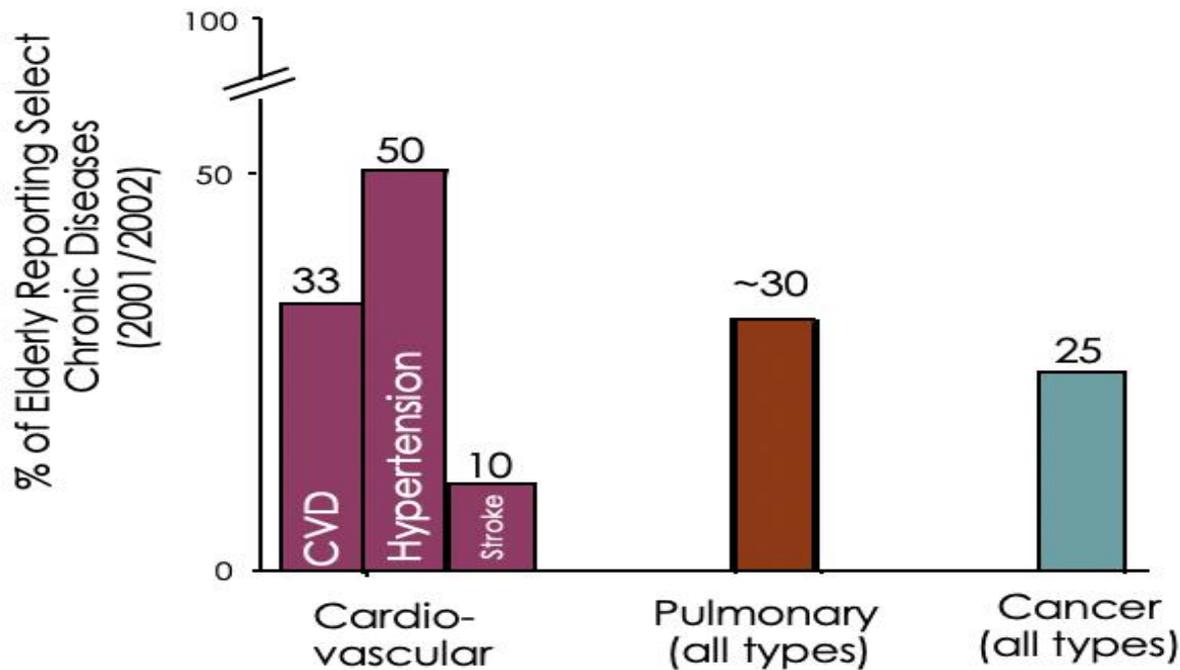
DYING EARLY AMERICA'S LIFE EXPECTANCY CRISIS

# AN EPIDEMIC OF CHRONIC ILLNESS IS KILLING US TOO SOON

# Older Adults are at High Risk for Chronic Disease

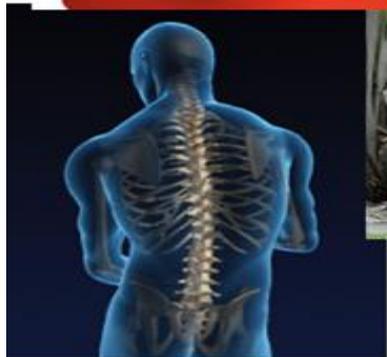


80% of Americans >65 yrs of age have at least 1 chronic disease



Source: CDC, National Center for Health Statistics, National Health Interview Survey

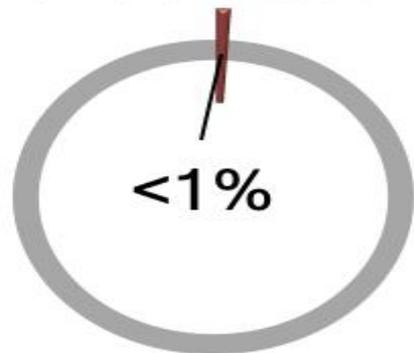
# Age-related Loss in "Activities of Daily Living" (ADL)



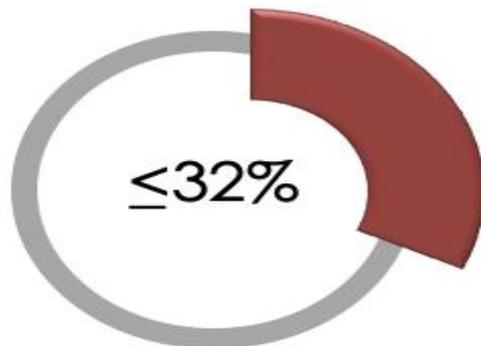
Characteristic	% of those $\geq$ 65 years
Weight loss	17.5
Exhaustion	15.5
Low Energy	27.0
Slowness	43.2
Weakness	21.8

# Dementias Become Increasingly Common With Age

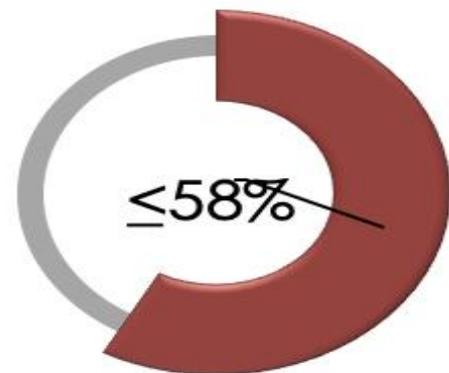
Alzheimer's Disease:



Under 65 years



80 to 89 years



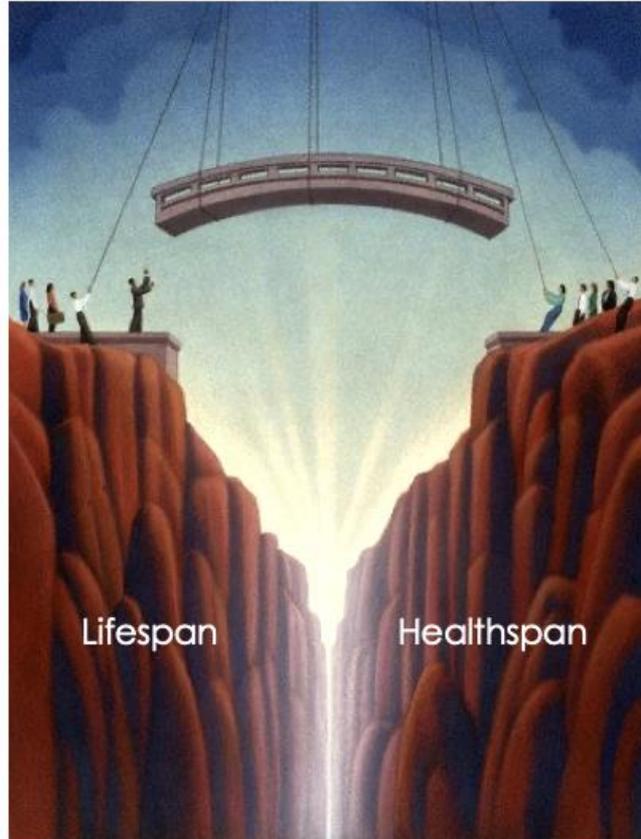
90 to 95 years

...Mild cognitive impairment is even more widespread with age:

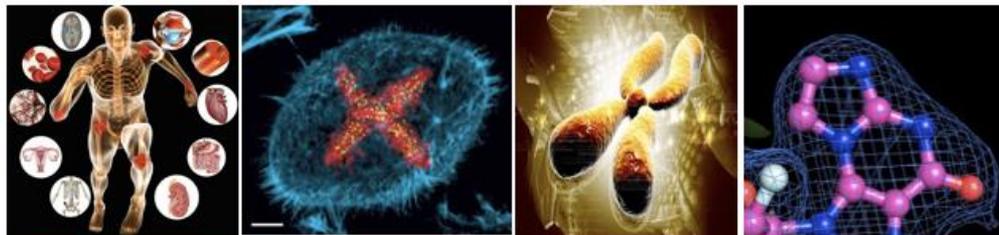
Where did I leave that key?



# Is There a Way to Bridge the Gap Between Lifespan and Healthspan?



# Additional Benefits to Life- and Health-span Will Now Likely Come From a Better Understanding Of the Basic Biology of Aging



Physiological/  
anatomical

Cellular

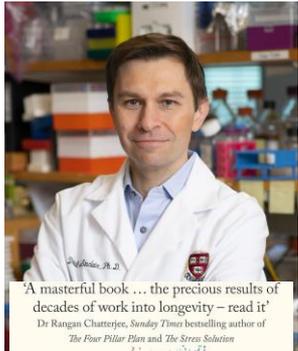
Sub-cellular

Biochemical

Senescence:

The biological processes of aging that  
lead to increased risk for mortality

# Is Aging a Disease?



PhD  
A masterful book ... the precious results of decades of work into longevity – read it!  
Dr Rangan Chatterjee, *Sunday Times* bestselling author of  
*The Four Pillar Plan* and *The Stress Solution*

## Lifespan

Why We Age – and Why  
We Don't Have To

David A. Sinclair PhD  
with Matthew D. LaPlante

- Sinclair lab hypothesis: the loss of epigenetic information is likely the root cause of aging. By analogy, if DNA is the digital information on a compact disc, then aging is due to scratches.
- Sinclair's approach is based on a broad view that links diseases of age such as cancer, diabetes, Alzheimer's, and heart failure to common cellular processes.



The Hallmarks of Aging



# Your Genetic Make-up Influences Life Expectancy

A glance at your family tree may indicate whether you have a tendency to live a long, healthy life



Family History

1

Exceptional longevity (1 to 3 decades longer than average) tends to run in families

2

Siblings of “super-centenarians” tend to live longer than average

# What Does Genetic Analysis of Exceptionally Long-lived People Reveal About Longevity?

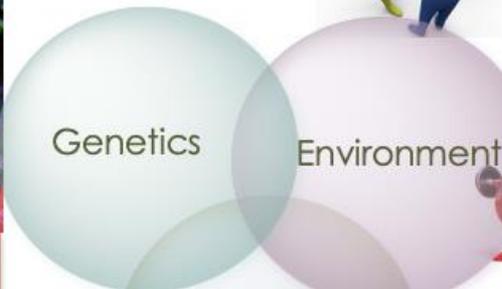
There are “nodes” of exceptionally long-lived people throughout the world



# Genetic Analysis Suggests that Environment & Diet are the Major Determinants for Healthy Aging



15-25% of longevity quotient



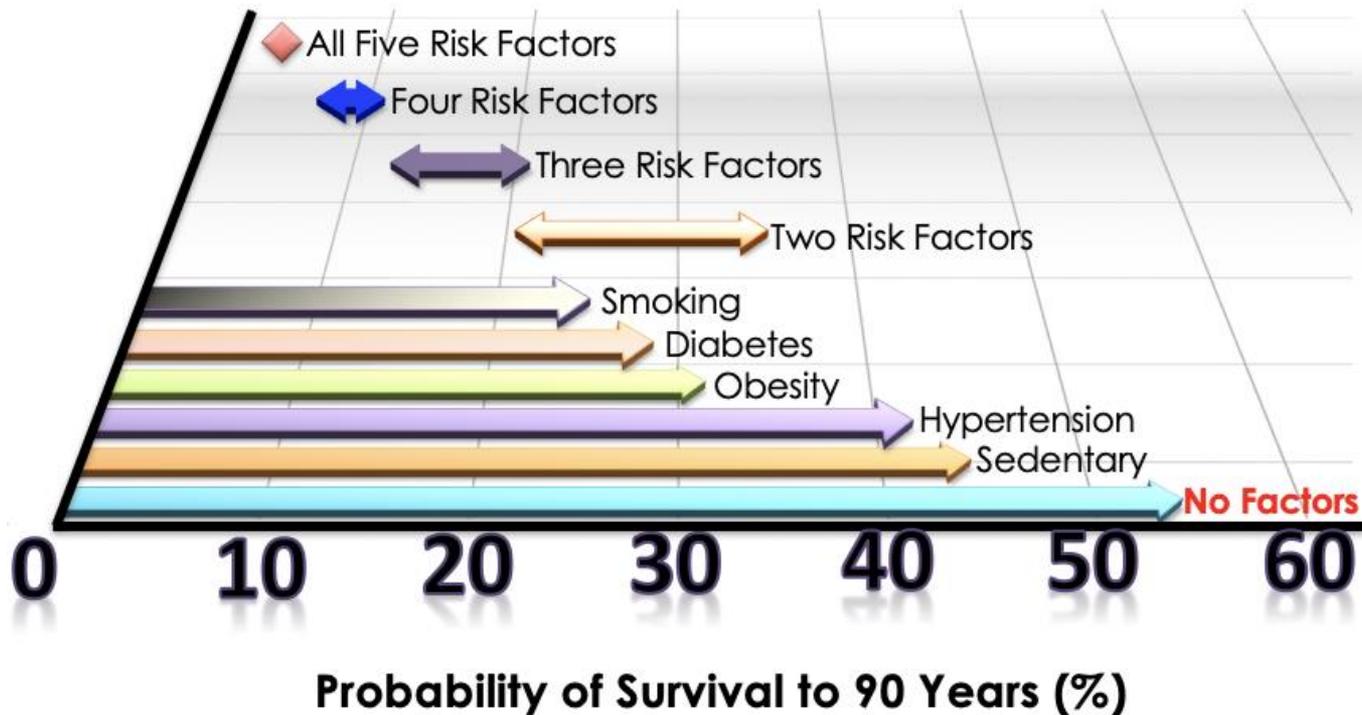


# Five Modifiable Factors Negatively Associated Life Expectancy



- **Sedentary:**  
Frailty & disuse syndromes
- **Hypertension:**  
Stroke; kidney failure;  
cardiovascular diseases
- **Obesity (BMI > 25):**  
Metabolic syndrome;  
cardiovascular diseases;  
dementias; and cancers
- **Diabetes:**  
insulin resistance;  
cardiovascular; cognitive  
decline
- **Smoking:**  
Cancer; cardiovascular  
diseases; pulmonary diseases;  
and cognitive decline

# Probability of 70 Year Old Men to Survive to 90 Years of Age



## Are Other Lifestyle Factors Associated with High Life Expectancy?

- |   |  |   |
|---|--|---|
| 1 | Marriage                                   | ✓ |
| 2 | High Social Contacts                       | ✓ |
| 3 | Alcohol Intake                             | ? |
| 4 | Early Life Exposure to Infectious Diseases | ✗ |
| 5 | Moderate Physical Activity                 | ✓ |

# Are Lifestyle Risks Different Between Mid-life Versus Late-Life?

Lifestyle Factor	Mid-life	Late Life
<b>BMI</b>	High BMI = Poor Health & Shorter Lifespan	Low BMI = High Risk for Death
<b>Hypertension</b>	Non-survival & poor health	Non-survival & poor health
<b>Smoking</b>	Non-survival & poor health	Non-survival & poor health
<b>Alcohol</b>	≥ 3 drinks/day	>1 drink/day (15 oz/month)
<b>Physical Activity</b>	Not protective if stopped	Protective even if started late in life

Being a bit overweight is not so risky

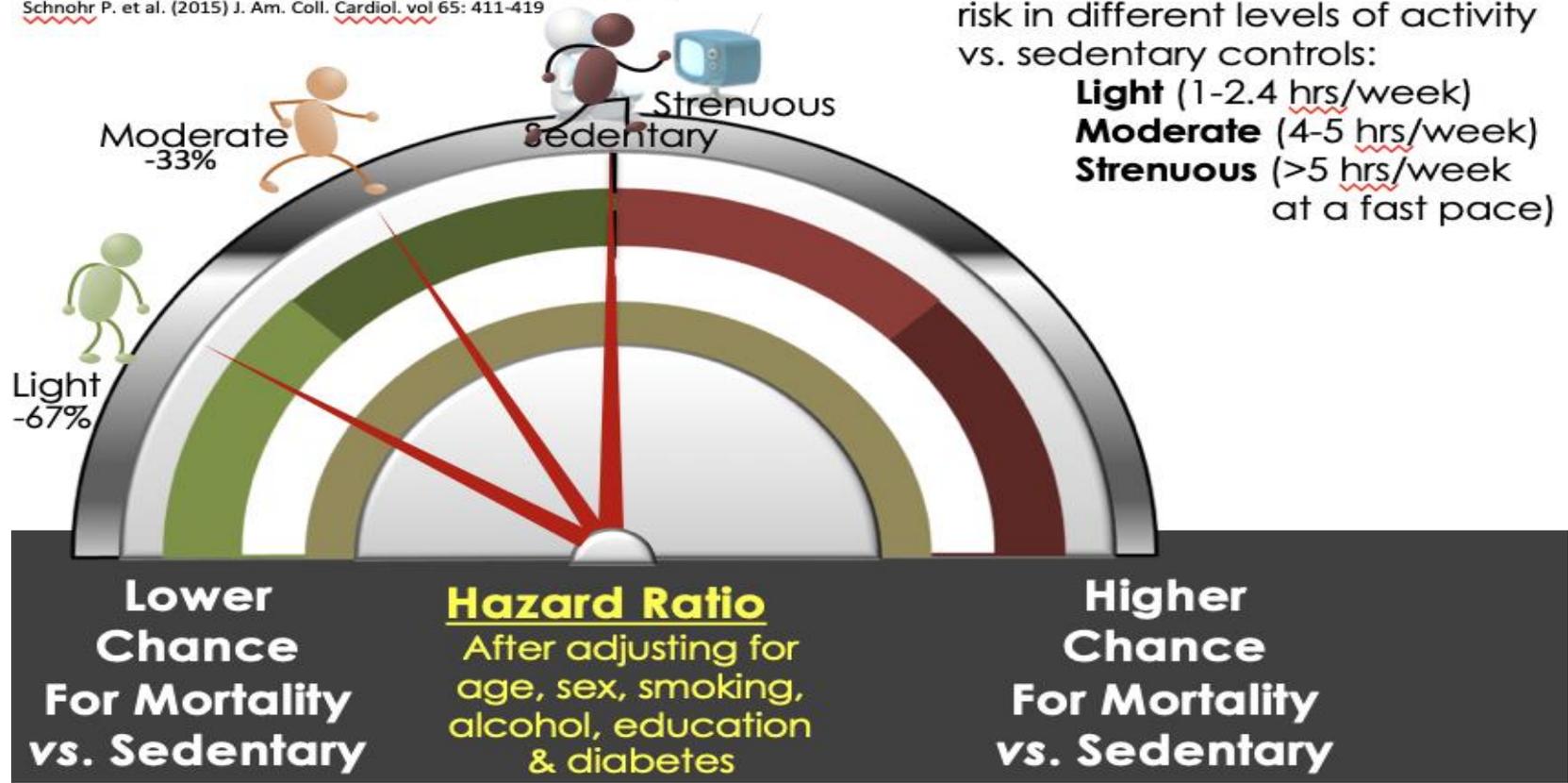
High risk at all ages

Increasing risk with age

# Jogging & Mortality

-The Copenhagen City Heart Study

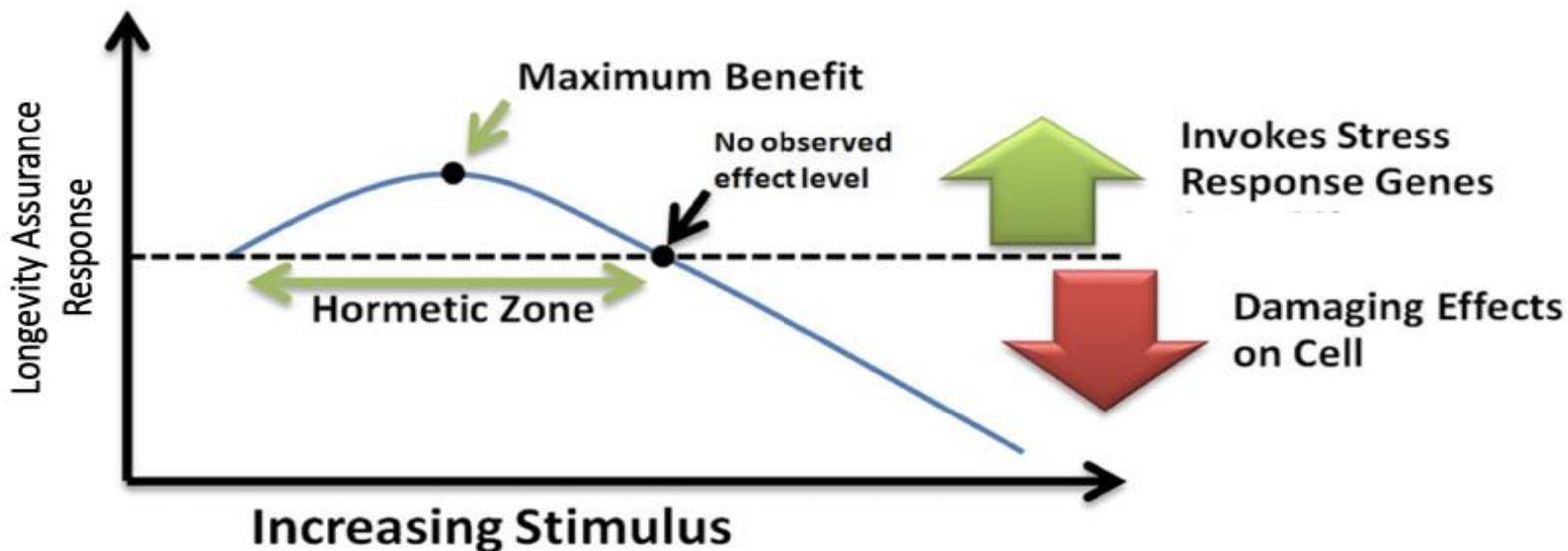
Schnohr P. et al. (2015) J. Am. Coll. Cardiol. vol 65: 411-419



- Followed joggers & non-joggers since 2001
- Ages: 25 to 90 years
- Looked at all-cause mortality risk in different levels of activity vs. sedentary controls:

# The Benefits Exercise is an Example of "Hormesis": Low to Moderate Stress is Beneficial

## Hormesis



# Accentuating Positive Lifestyle Factors & Eliminating the Adverse Ones Promotes Healthy Aging

## Activities of Daily Living

Faster Walk Times  
Greater Handgrip Strength

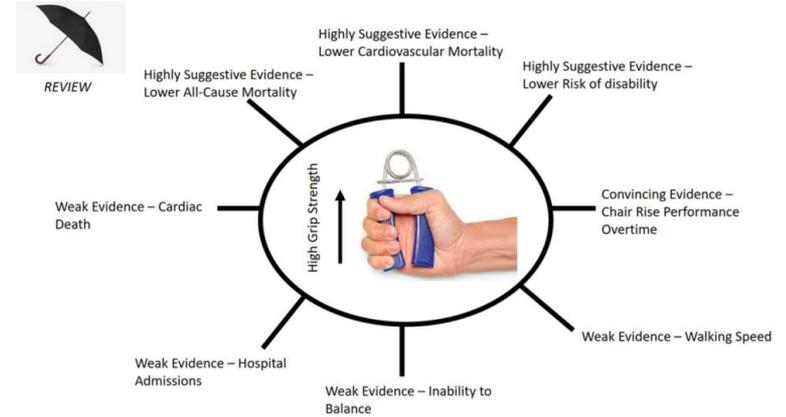
Life- and health-span can be increased by  
as much as  
**10 years!**

## Physiological

Lower Blood Pressure & glucose  
Lower Indices of Inflammation

# Grip Strength

- Use of grip strength as a biomarker of current health status is most directly supported by research showing a cross-sectional association between grip strength and the strength of other muscle actions of both healthy individuals and adults with pathology
- Grip strength is a predictor of numerous future outcomes. Mortality is probably the most widely studied outcome, with studies published as far back as the 1980s and at least 3 meta-analyses supporting the association of weak grip strength with all-cause mortality in the general population.
- Grip strength is also supported as a predictor of disease and disease-specific mortality- with much of the literature focused on cardiovascular disease and cancer. Wu et al, in a summary of 12 studies, determined that a 5kg decrease in grip strength was associated with an increased risk of cardiovascular disease (overall hazard ratio 5.98).

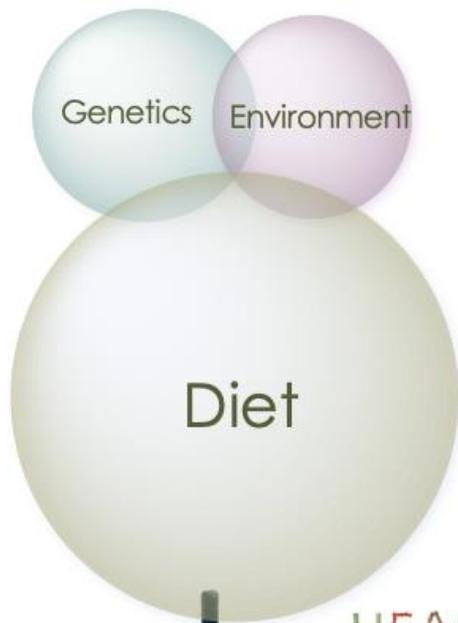


Hermoso 2018

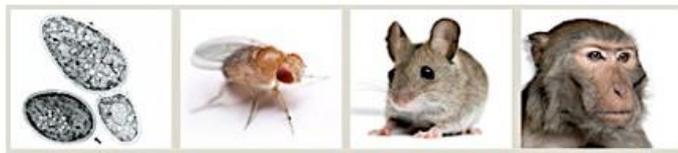


**Your grip strength could be a better indicator of life expectancy than blood pressure**

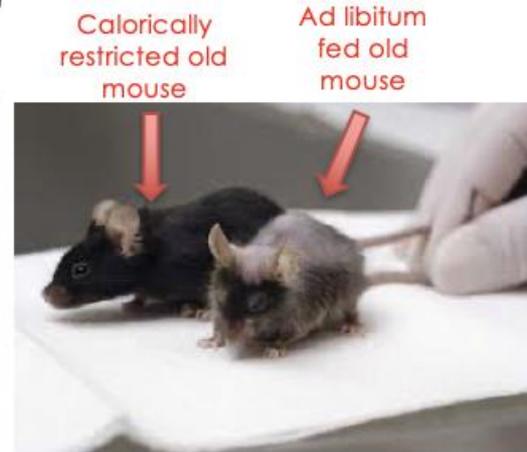
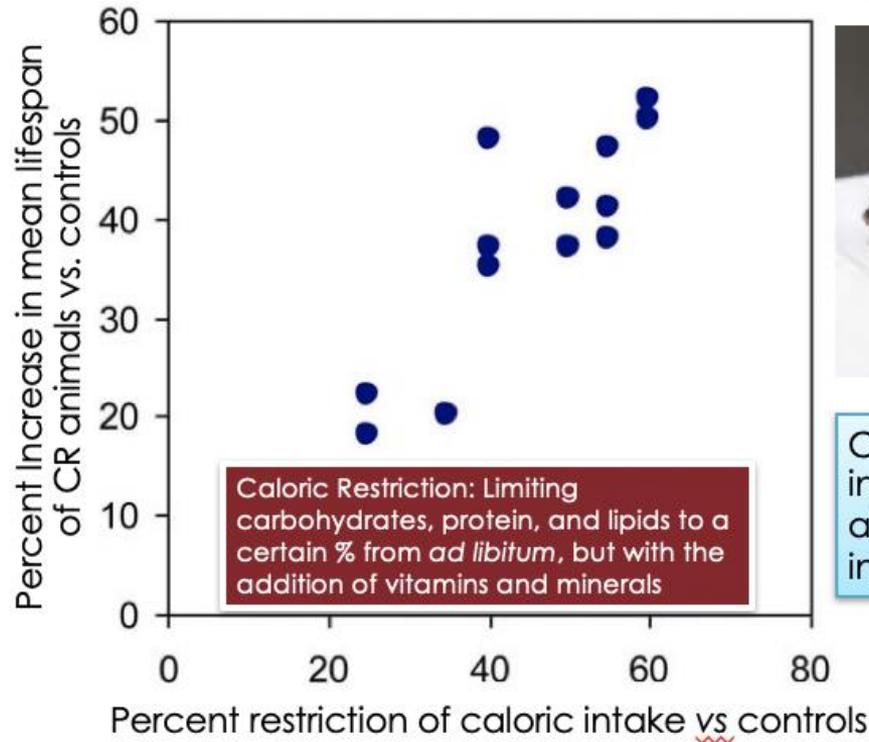
# Diet is the Largest Factor Affecting Longevity and Healthy Aging



Nutrient influence on healthy aging is being extensively studied in humans and in many animal models of aging



# A connection between nutrient energy intake and aging is best experimentally seen in “Caloric Restriction”



Caloric restriction not only increases mean lifespan but it also extends maximal lifespan in some species!

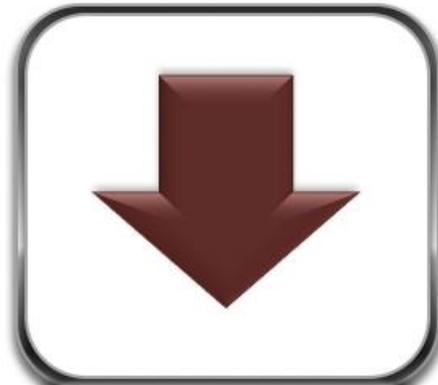
[Nature. 2011 Jan 6; 469\(7328\): 102-106.](#)

# Caloric Restriction Improves Healthspan in Lab Animals



## Increases

- Memory/learning
- Muscle mass
- Mitochondrial function
- Insulin sensitivity



## Decreases

- Cancer
- Renal Disease
- Autoimmune Disease
- Alzheimer's Disease
- Atherosclerosis
- Sarcopenia



## Calorie Restriction

Fewer Calories. More Life.



Micronutrients

Mild/Transient Cellular Stress

↑  
Stress Resistance Genes  
Growth Factors  
Energy Metabolism  
Antioxidant System  
Protein Fidelity/Function

Immediate Benefit + Repair of Previous Damage

Optimum mental, cardiovascular, neuromuscular and immune function resistance to diseases

**Energy  
Staus**

**Calorie Restriction**  
(Glucose limitation, Serum starvation and/or Amino Acids depletion)

**Sensors**

**↑AMPK**

**↑SIRT1**

**↓mTOR**

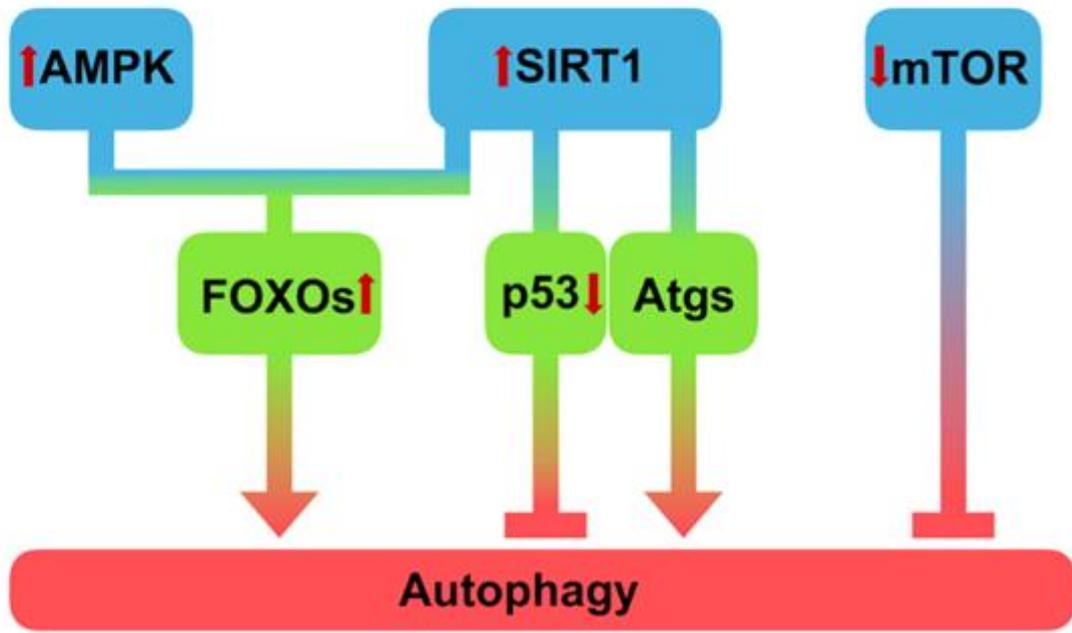
**Effectors**

**FOXOs↑**

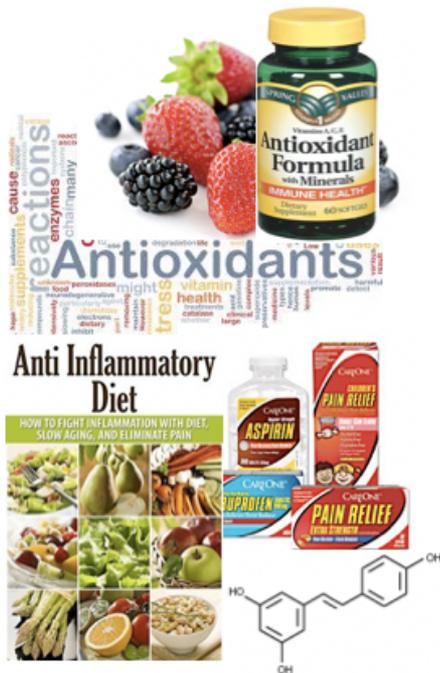
**p53↓**

**Atgs**

**Autophagy**



# Are There Micronutrients or Other Small Molecules From the Diet That Mimic Caloric Restriction?



1

Antioxidants and  
Phytochemicals

2

Anti-Inflammatory  
Compounds

3

Drugs and Small  
Molecules

# Candidate Agents to Improve Healthspan

Over 600 candidates!

## Red Wine Constituents & Alcohol



**Resveratrol**

- ❖ Alcohol (1 or 2 drinks/d only!)
- ❖ Resveratrol (?)

## Sulfur-containing Compounds in Brassica and Onions



- ❖ Lipoic Acid
- ❖ Thioflavin T

## Other:

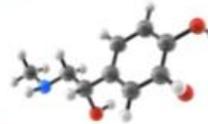


- ❖ Chocolate & coffee components

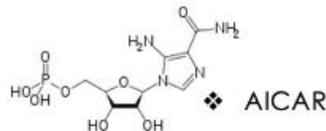
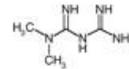


- ❖ Berries

- ❖ Rapamycin



- ❖ Metformin



Optimal dosage & the long-term benefits to people (as well as potential adverse consequences) are largely unknown

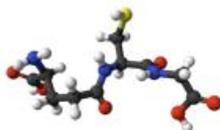
# Antioxidant Supplements Fail to Significantly Improve Lifespan



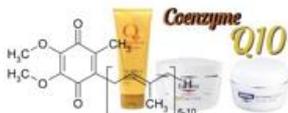
Vitamin E



Vitamin C



Glutathione



Coenzyme Q

## Does supplementation lower oxidative damage in older animals?

➤ Vitamin E	short-lived mice, but not humans
➤ Vitamin C	No
➤ Glutathione	No
➤ Coenzyme Q	fruit flies, but not mice

## Does supplementation extend lifespan?

➤ Vitamin E	Small increase in avg. but not maximal lifespan (some mice)
➤ Vitamin C	Small increase in avg. but not maximal lifespan (mice)
➤ Glutathione	No
➤ Coenzyme Q	No

# Make Sure Your Vitamin Intake is Optimal

<b>Vitamin</b>	<b>RDA Men</b>	<b>RDA Women</b>	<b>LPI Recommendation</b>
<i>Vitamin B<sub>12</sub></i>	<i>2.4 mcg/day#</i>	<i>2.4 mcg/day#</i>	<i>100-400 mcg/day of crystalline vitamin B<sub>12</sub></i>
<i>Vitamin C</i>	<i>90 mg/day</i>	<i>75 mg/day</i>	<i>≥ 400 mg/day</i>
<i>Vitamin D</i>	<i>600-800 IU/day</i>	<i>600-800 IU/day</i>	<i>2,000 IU/day from supplements; serum level <u>≥32 ng/ml</u></i>

Americans generally do not get enough vitamins E or D, and intake of many minerals are inadequate: magnesium, calcium, potassium, phosphorous

#Vitamin B<sub>12</sub> intake should be from supplements or fortified foods due to the age-related increase in malabsorption

# Why does this matter to us as Family Medicine Physicians?

- ★ FM doctors stand at a very interesting point in this new discussion of the promotion of healthspan vs lifespan.
- ★ This discussion brings up the idea of primary prevention vs primordial prevention & what our role as family medicine doctors is within it
- ★ While primary prevention is about treating risk factors to prevent chronic disease, primordial prevention refers to avoiding the development of risk factors in the first place which ultimately would lead to greater healthspan
- ★ Up to 25% of Medicare costs are spent on a patient's last year of life.

# What's Next?

- The National Institutes of Health has reduced the barriers between its disease-oriented research silos, and the American Federation for Aging Research is spearheading a global effort to secure funds to launch the Longevity Dividend Initiative in 2019.
- Clinical trials designed to target aging have been approved by the US Food and Drug Administration, with the first trial set to begin in 2019.
- The National Institute on Aging has established the Interventions Testing Program to rigorously and quickly test prospective aging interventions for free. A consortium of scientists as well as public health experts and organizations has formed with the purpose of developing this new approach to extend healthspan, address the diseases of aging, and help to ameliorate the economic challenges of an anticipated rising prevalence of late-onset diseases.
- Large investments in aging biology have already begun through Google Calico and Human Longevity Inc.

Thank You!

Questions?

# References

## Books

- ❑ David Sinclair: Lifespan
- ❑ Tony Robbins, Peter Diamandis MD, Robert Hariri MD PhD: Life Force

## Research

- ❑ <https://jamanetwork.com/journals/jama/fullarticle/2703114>
- ❑ [https://www.cell.com/cell/fulltext/S0092-8674\(13\)00645-4?\\_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867413006454%3Fshowall%3Dtrue](https://www.cell.com/cell/fulltext/S0092-8674(13)00645-4?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867413006454%3Fshowall%3Dtrue)
- ❑ <https://pubmed.ncbi.nlm.nih.gov/32037449/>
- ❑ <https://pubmed.ncbi.nlm.nih.gov/29425700/>
- ❑ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3734859/>
- ❑ <https://jamanetwork.com/journals/jama/fullarticle/2703114>

Some slides adapted from Tory Hagen of OSU Linus Pauling Institute