

Aging, Disuse or Disease  
Or the development of a continuum from biological aging to age-associated disease

Functional Area	Aging—Expected or Common	Disuse	Disease (selected) *linked to lifestyle
Vision	presbyopia (difficulty with near vision) less contrast sensitivity difficulty adapting to dark increased time to recover from glare decr. temporal visual field slight decrease in acuity	?abuse (UV link to cataracts)	cataracts glaucoma macular degeneration diabetic retinopathy stroke*
Hearing	presbycusis (decr. ability to hear high pitched sounds, espec. consonants)	exposure without protection	sensorineural conductive mastoiditis recurrent infxn.
Cognitive	slower response time better problem solving don't learn meaningless tasks as well	inattention lose habit	Alzheimer's Multi-infarct dementia stroke Depression* medications
Emotional	no change known  common: multiple losses	Inattention  Physical activity is associated with positive outlook on life and lower depression	Stroke* Depression* Schizophrenia Paranoia anxiety disorders

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Mobility	<p>slower response  stiffer joints  decr. dynamic balance  muscle mass maintained in highly trained athletes  decr. strength (mild)  Posture: ? (moving to deconditioning category as more research comes in)  wide base  flat lower back  flexed knees  wt. forward  Gait: ? (moving to deconditioning...)  decr speed  short steps  wt. on ball of feet  not lifted as high  altered cadence  Decreased tactile sense</p>	<p>Deconditioning:  Decr muscle mass (can be reversed)  decr. ROM  incr. falls  decr. coordination  loss of bone mass  decr. strength    posture changes    gait changes  slow response and stiff ankles contribute to falls and are reversible.</p>	<p>Arthritis*  Stroke*  MS*  Parkinson's  Osteoporosis*</p>

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Energy	<p>decr. Maximal aerobic capacity (women lose more than men, due to fact most women are not as physically fit as men throughout their lives and different hormone systems)</p> <p>increased perception of effort (made lead to less activity, which leads to deconditioning, which leads to increased perception of effort. This begins in middle age)</p> <p>heart rate stable unless stressed (then increased response)</p> <p>BP relatively stable</p> <p>Some drop in baroreceptor sensitivity and heart rate variability (may be due to deconditioning)</p> <p>Maximal heart rate decreases (due to declining sensitivity to beta-adrenergic stimulation)</p> <p>less response to low oxygen or high carbon dioxide environments</p> <p>smaller vital capacity</p> <p>increasing susceptibility to infection</p> <p>decr. maximal exercise capacity</p> <p>Sleep</p> <p>Incr time to fall asleep</p> <p>sleep fewer hours</p> <p>incr total time in bed</p> <p>incr awakenings</p> <p>less Stage III and IV</p> <p>shorter REM</p> <p>more Stage I (time and frequency of episodes)</p> <p>slower GI tract</p> <p>½ have no stomach acid</p> <p>alterations in smell (less sensitive smell, less ability to discriminate between smells)</p> <p>alterations in taste (some decrease in threshold, some changes in ability to discriminate between tastes, changes in intensity of tastes)</p> <p>decr. saliva</p>	<p>deconditioning is responsible for:</p> <p>BP increase</p> <p>decreased HDL</p> <p>decreased stroke volume</p> <p>increased heart rate in response to exercise</p> <p>increased tendency of blood to clot</p> <p>decreased venous return</p> <p>Poor sleep hygiene</p> <p>tooth decay</p> <p>weight gain</p> <p>increased fat contributes to higher blood sugar through</p> <p>smoking leads to less sensitivity to smell</p> <p>dentures decrease taste and smell</p>	<p>any chronic illness</p> <p>CHF*</p> <p>COPD</p> <p>Angina*</p> <p>MI*</p> <p>stroke*</p> <p>anemia</p> <p>chronic fatigue</p> <p>cancer *(some linked to obesity and lack of exercise)</p> <p>Pain</p> <p>Depression*</p> <p>nocturia</p> <p>thyroid disease</p> <p>SOB from any cause</p> <p>apnea</p> <p>leg cramps</p> <p>restless leg syndrome</p> <p>GERD</p> <p>underweight</p> <p>overweight*</p> <p>diabetes* (now with DPPT we know that exercise 150 min/wk and wt loss of 7% of total can delay or prevent DM)</p> <p>constipation*</p> <p>stroke*</p> <p>gingivitis</p> <p>smell can be affected by:</p> <p>sinusitis, polyps, parkinson's, MS, DM, adrenal insufficiency, renal failure, vit B12 deficiency, Alzheimers (particularly lemon, peppermint, maple, coffee and vinegar), laryngectomy, meds (opates, diltiazem, streptomycin)</p>

<b>Functional Area</b>	<b>Aging—Expected or Common</b>	<b>Disuse</b>	<b>Disease (selected) *linked to lifestyle</b>
Sexuality	decr. hormones vaginal dryness decr. response  less opportunity, especially for women	inattention	Diabetes* vascular disease* depression* medications
Continence	decr. bladder volume decr. concentration of urine estrogen changes BPH	poor habits	Diabetes* stroke* MS spinal cord injury overweight* hysterectomy
Appearance	skin color body fat distribution changes (moves from limbs to trunk) common: greying decr. hair wrinkling (decr. Elasticity of skin) decr height nails grow slower nails may be ridged, rough, discolored less oil production less sweat production	photo-aging distribution of visceral fat may be amenable to exercise and dietary changes	Stroke* dementia (any condition which decreases energy) depression* surgery
Resistance to Infection, heat stress and ability to repair	Drop in immune function Diminise Tcell proliferation Recued IL2 production Decreased antibody production Slower repair processes Decreased capillary loops lead to colder extremities	Exercise enhances immune function	

THEMES: stiff, thick, slow, dry, poorer response to stress (includes ability to problem-solve under duress), more change in complex systems, variability

According to the Baltimore Longitudinal Study of Aging, those who attributed their functional decline to old age had increased mortality.

Sources:

Fiatarone Singh *Jrnl Geront: Medical Sciences* 2002, 57A no 5, M262-M282

Carmeli et al *The aging hand Jrnl Geront Med Sci* 2003 58A no 2 146-152/

Ueno et al *Jrnl Geront: Medical Sciences* 2002, 57A no9, M605-M610.

Blumenthal *Jrnl Geront ed Sci* 2003 58A no 2, 138.

Morley et al *Appetite and Orexigenic Drugs supplement to Annals of Long Term Care* October 2001

Ho & Bendrups *Jrnl Geront Biol Sci* 2002 57! 9 B344

Kohut et al *JRnl Geront Med Sci* 2002 57A No 9 M557

Remember:

Life span: observed age at death

Maximum life span: highest documented age for a species. For humans, is 122 yrs

Life expectancy: average number of years of life remaining for people of a given age, based on statistics. For newborns, it is 77 years.

Can not slow, stop or reverse aging but can enhance health and fitness through lifestyle and avoid some diseases and modify some physiology.

Smith & Olshansky *Jrnl Geront: Biol Sci* 2002 Vol 57A No 8 B291.

Strehlers criteria to distinguish aging from disease

Intrinsic

Universal

Irreversible

Progressive

Programmed

Now have abandoned all but intrinsic and universal