

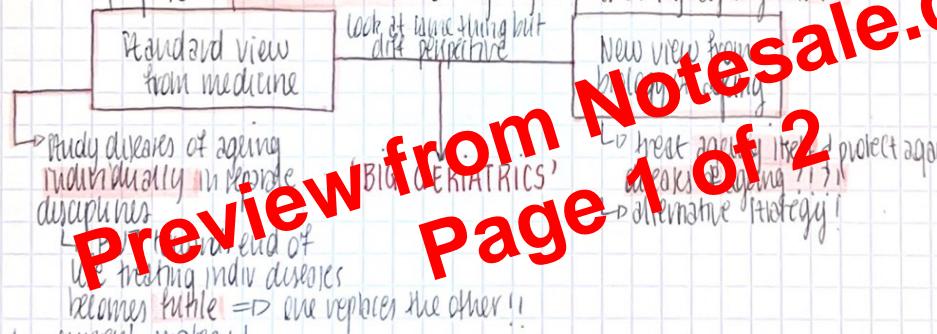
LECTURE 1 : Theories of ageing

- Disease in the past \Rightarrow main causes \Rightarrow microbial pathogens (ex: tuberculosis / cholera), viruses (small pox), parasites (hookworm), malnutrition (rickets) & violence (warfare)
- Nowadays \Rightarrow major progress in identification of disease aetiology, immunisation, antibiotics, \uparrow sanitation & hygiene, control of environmental toxins & \downarrow violence
- result \Rightarrow we live longer BUT experience diseases that didn't live long enough in the past to experience:
 - \hookrightarrow cardiovascular diseases (atherosclerosis)
 - \hookrightarrow cerebrovascular diseases (stroke)
 - \hookrightarrow late-life cancers (prostate, breast & colon)
 - \hookrightarrow dementia (AD)
 - \hookrightarrow chronic obstructive pulmonary disease (COPD)
 - \hookrightarrow macular degeneration of the eyes.
- leading cause of death in UK:
 - \hookrightarrow respiratory disorders
 - \hookrightarrow cardiovascular disorders
 - \hookrightarrow cancer \Rightarrow 'aging is the greatest carcinogen'
 - \Rightarrow AGEING now main cause of disease worldwide!
 - \hookrightarrow infection due to immune senescence,
 - \uparrow accidents & lethal falls, \uparrow suicide due to depression / chronic illness / terminal condition.
 - \hookrightarrow diseases of ageing \Rightarrow aetiology unknown + largely incurable \Rightarrow new challenge of biomedical research.

• Key (?)

- \hookrightarrow What are the aetiologies of diseases of ageing?
- \hookrightarrow What is ageing?
- \hookrightarrow How does ageing give rise to diseases of ageing?
- \hookrightarrow Are they preventable?

• Radical proposal: prevent diseases of ageing by treating ageing itself!



• Study diseases of ageing individually in people disrupts her

at end of life treating indiv diseases becomes futile \Rightarrow one replaces the other!

• Current strategy!

• Dietary restriction:

\hookrightarrow in rodents \Rightarrow postpones multiple, diseases of ageing + confers 20-40% \uparrow in lifespan & extension of 'youth-span'

\hookrightarrow McCay et al. 1943.

\hookrightarrow autoimmune disorders, cancer, diabetes, T2D, hypertension & kidney failure

• Comparative biology of ageing:

\hookrightarrow ageing rates varies greatly b/w even closely related species \Rightarrow evolve rapidly.

\hookrightarrow ex: human lifespan 2x longer than higher primates.

\hookrightarrow some species age very slowly / not at all \Rightarrow ex: *Pharao longaeva* (\approx 5000 yrs), *Urchinaria feline* (not ageing)

• Single gene mutations \Rightarrow influence ageing rate!

\hookrightarrow can extend lifespan \Rightarrow ex. *C. elegans* age-1 P1-3 kinase mutants can live up to 10x longer than WT

\hookrightarrow Aubrey de Grey et al. 2009

• Geriatrics = late-life health

\hookrightarrow need to integrate fragmented study of diseases of ageing into unified discipline!

• Conclusion:

\hookrightarrow ageing is plastic

\hookrightarrow appears to be a central aetiologies of senescence

\hookrightarrow potential targets for anti-ageing therapies

\hookrightarrow seek unified understanding of disease of ageing

\hookrightarrow bring together fields of geriatric medicine + biogerontology \Rightarrow BIG GERIATRICS!

• What does 'ageing' mean?

\hookrightarrow level 1 meanings \Rightarrow calendar ageing (the passing of time)

\Rightarrow age changes (only time dependent changes)

\Rightarrow senescence (deteriorative change)

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