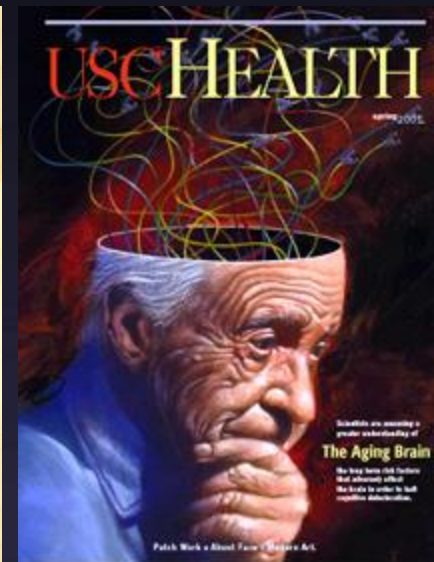
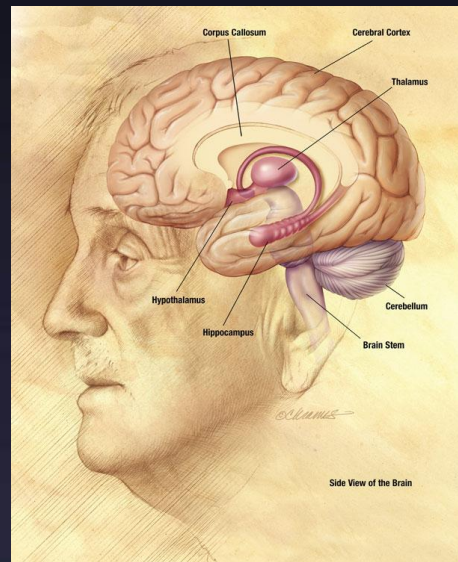


قَالَ اللَّهُ تَبَّ  
عَلَى الْعِبَادِ  
مَنْ كَفَرَ بَعْدَ إِيمَانِهِ  
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# AGING AND CHANGES IN THE BRAIN



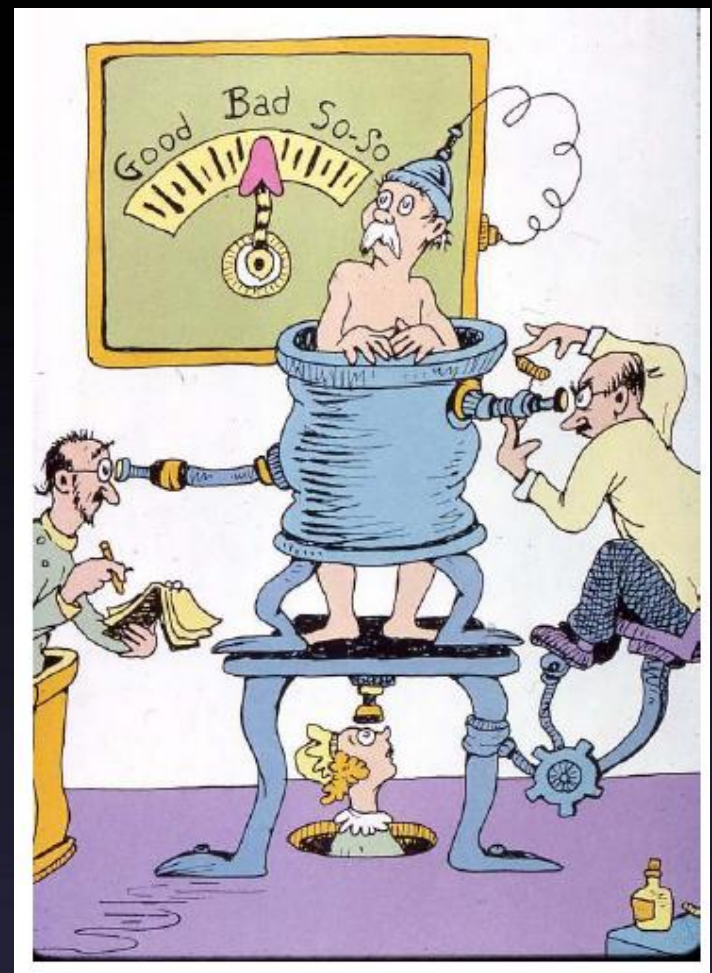
The New York Times Magazine

SECTION 6 MARCH 9, 1997



# Funny, We Don't Feel Old

America discovers a new stage of life - after middle age. **The Age Room A Special Issue**



# Objectives

- 1. Definition of Aging*
- 2. Theories and terms Used*
- 3. Body Changes in Aging*
- 4. Brain Changes in Aging*
- 5. Memory Changes in Aging*
- 6. Carotid Hypersensitivity*

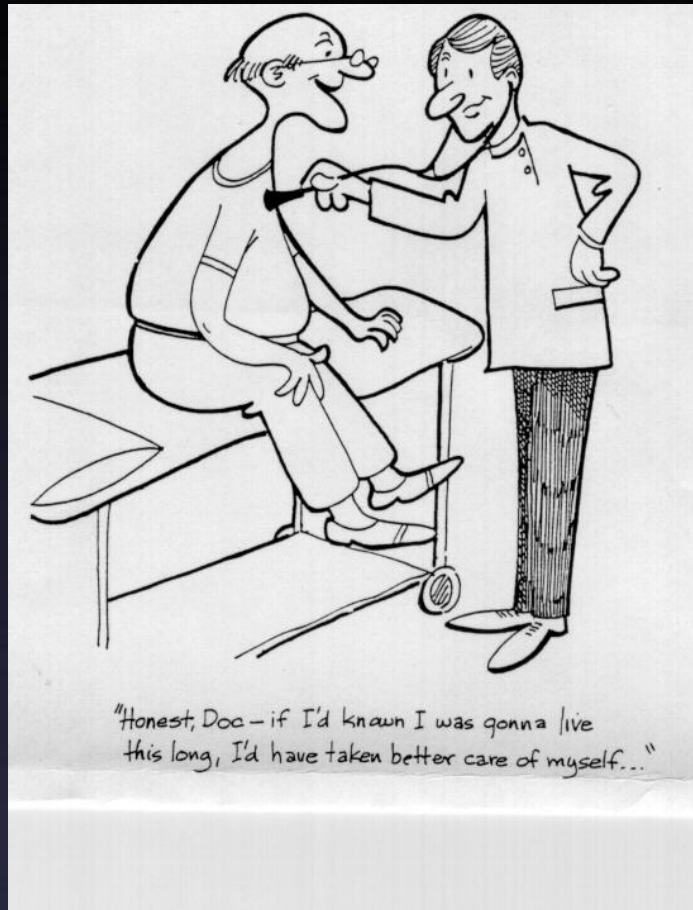
**OLDER BUT WISER!**



**OLDER BUT SMART!**



“Honest doc--if I had known I was gonna to live this long, I’d have taken better care of myself.”



# AGING

Aging is the progressive, universal decline first in **functional reserve** and then in **function** that occurs in organisms over time

*Aging is not a disease; however, the **risk** of developing disease is increased, often dramatically, as a function of age.*

# AGEING IN THE DEVELOPMENT AGENDA

**“Ageing is a development issue. Healthy older persons are a resource for their families, their communities and the economy.”**

**WHO Brasilia Declaration on Ageing,  
July, 1996**





# Aging is characterized by

- Changes in appearance (gradual reduction in height and weight loss due to loss of muscle & bone mass)
- A lower metabolic rate
- Longer reaction times
- Declines in certain memory functions
- Declines in sexual activity and in women menopause
- A functional decline in audition, olfaction, and vision
- Declines in kidney, pulmonary, and immune functions, declines in exercise performance, and multiple endocrine changes

(Craik and Salthouse, 1992; Hayflick, 1994, pp. 137-186; Spence, 1995)

# THE TERM AGEING

- **UNIVERSAL AGEING**: age changes that all people share)
- **PROBABILISTIC AGEING**: age changes that may happen to some (eg type two diabetes).
- **CHRONOLOGICAL AGEING**: referring to how old a person is
- **SOCIAL AGEING**: society's expectations of how people should act as they grow older
- **BIOLOGICAL AGEING**: an organism's physical state as it ages

# Some Theories of Aging

Hypothesis	How It May Work
Genetic	Aging is a genetic program activated in post-reproductive life when an individual's evolutionary mission is accomplished
Oxidative stress	Accumulation of oxidative damage to DNA, proteins, and lipids interferes with normal function and produces a decrease in stress responses
Mitochondrial dysfunction	A common deletion in mitochondrial DNA with age compromises function and alters cell metabolic processes and adaptability to environmental change

# Some Theories of Aging

<b>Hypothesis</b>	<b>How It May Work</b>
Hormonal changes	The decline and loss of circadian rhythm in secretion of some hormones produces a functional hormone deficiency state
Telomere shortening	Aging is related to a decline in the ability of cells to replicate
Defective host defenses	The failure of the immune system to respond to infectious agents and the overactivity of natural immunity create vulnerability to Inf..
Accumulation of senescent cells	Renewing tissues become dysfunctional through loss of ability to renew

# OXYGEN - free radicals (FR) and reactive oxygen species (ROS)

Cell metabolism

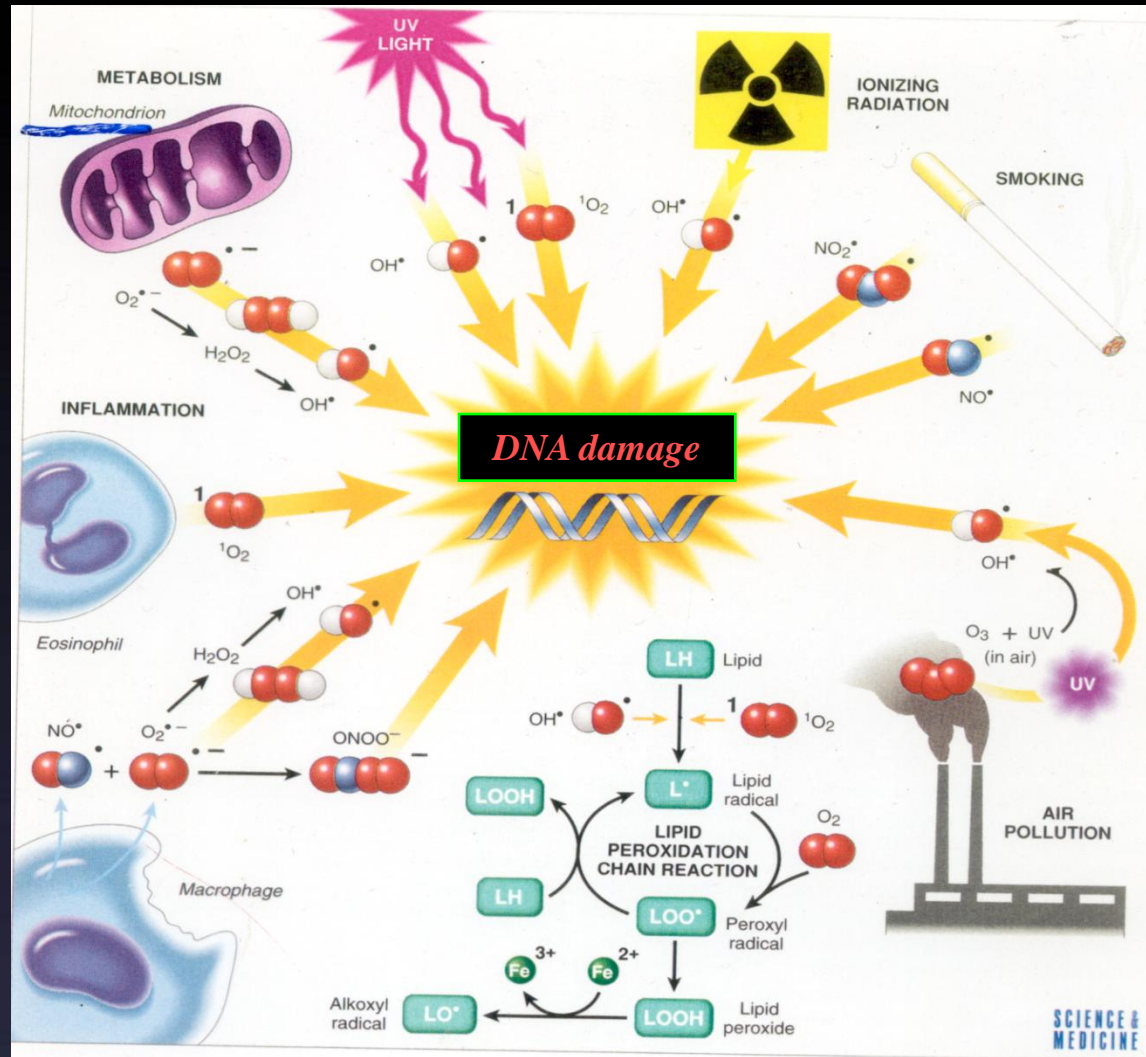
environment

Infection

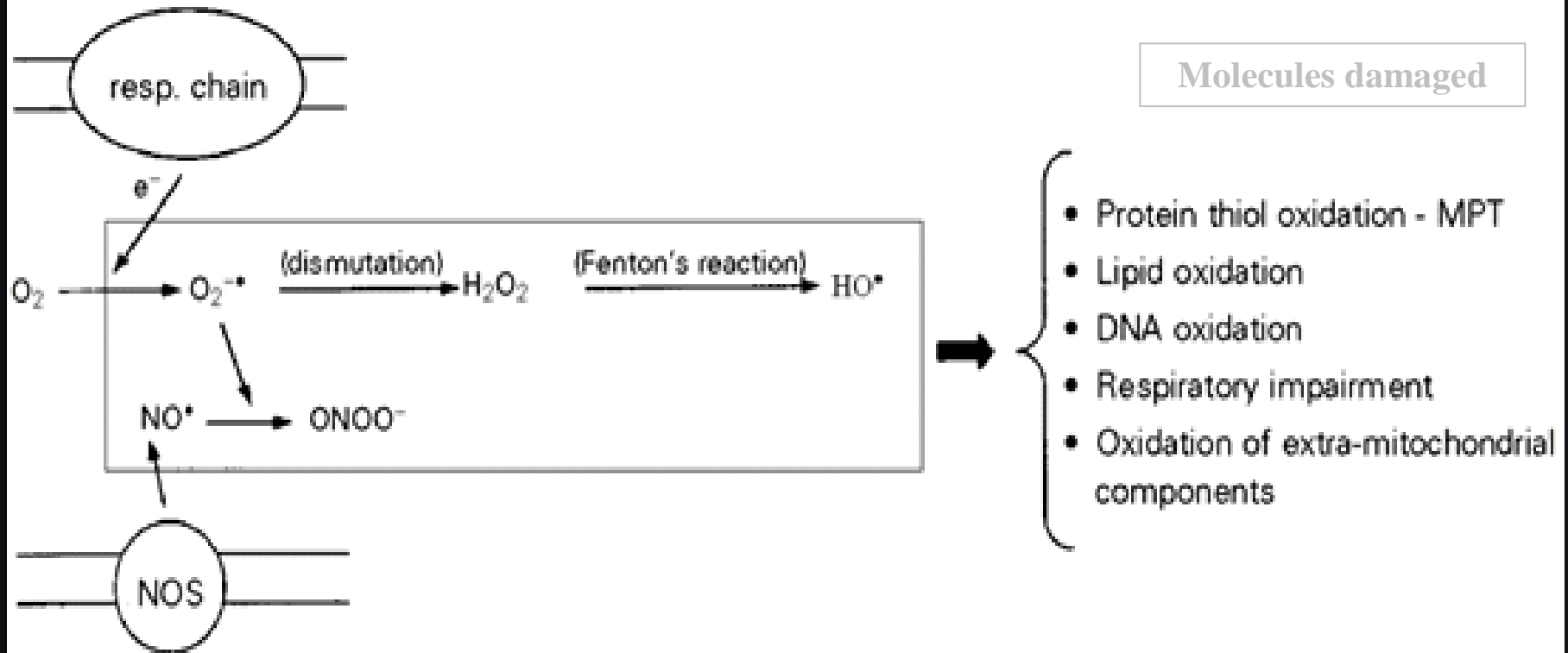
diet

Lifestyle

pollution



# Mitochondria produce ROS:

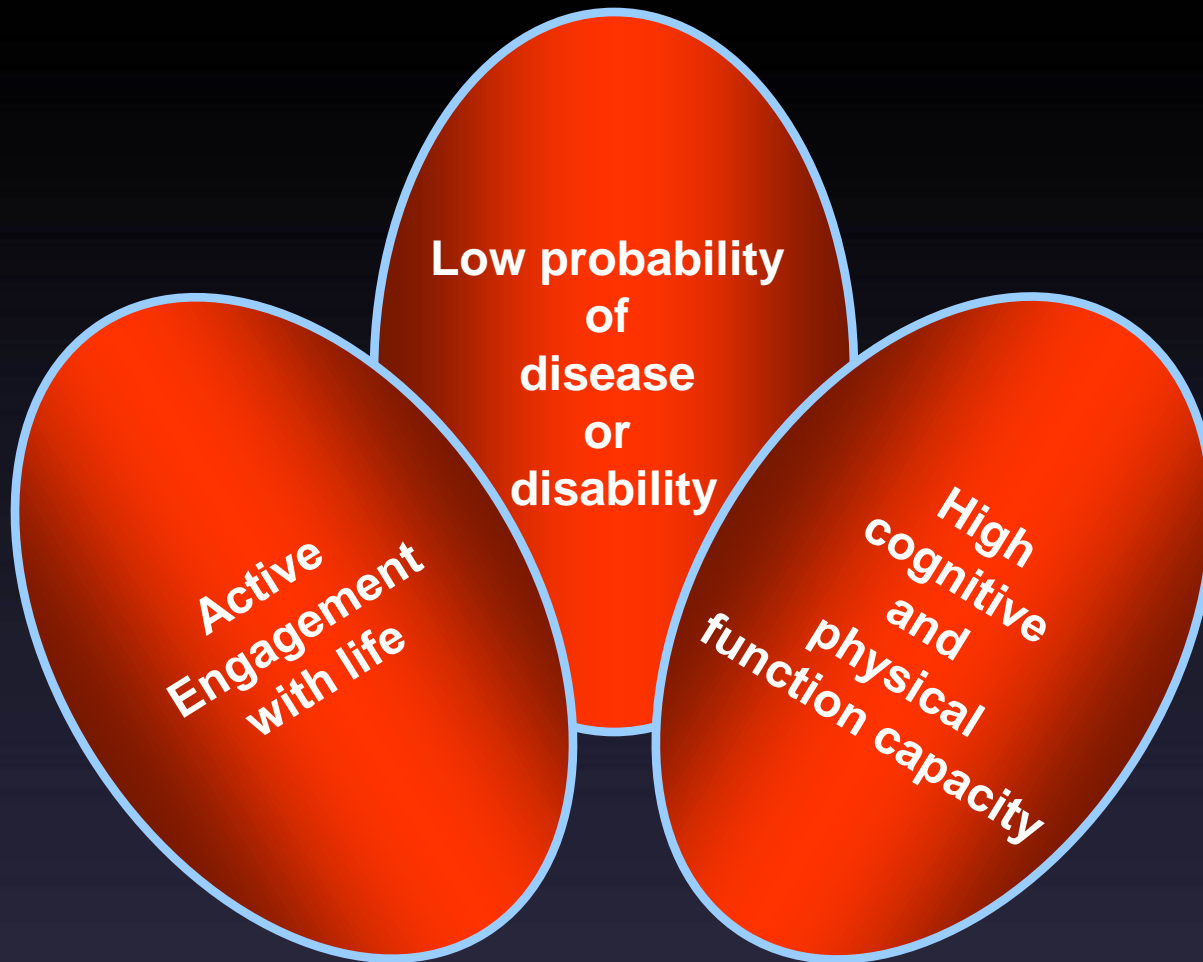


The respiratory chain (resp. chain) produces superoxide radicals ( $O_2^{\cdot-}$ ), which generate hydrogen peroxide ( $H_2O_2$ ) and hydroxyl radicals ( $HO^{\cdot}$ ). Mitochondrial nitric oxide synthase (NOS) produces nitric oxide ( $NO^{\cdot}$ ), which combines with  $O_2^{\cdot-}$  to generate peroxynitrite ( $ONOO^-$ ). All these ROS may cause mitochondrial and cellular damage if present in excess.

MPT, Mitochondrial permeability transition.

Kowaltowski 2002

# SUCCESSFUL AGEING



# Leading Causes of Death Age 65+

## “Medical Diagnoses”



- |                              |            |
|------------------------------|------------|
| • <b>Heart Disease</b>       | <b>32%</b> |
| • <b>Cancer</b>              | <b>22%</b> |
| • <b>Stroke</b>              | <b>8%</b>  |
| • <b>Chronic respiratory</b> | <b>6%</b>  |
| • <b>Flu/Pneumonia</b>       | <b>3%</b>  |
| • <b>Diabetes</b>            | <b>3%</b>  |
| • <b>Alzheimer's</b>         | <b>3%</b>  |





# Brief Geriatric Assessment Instruments

Domain	Instrument	Comments
Cognition		
Dementia	MMSE	Widely studied and accepted
	Timed time and change test	Sensitive and quick
Delirium	CAM	Sensitive and easy to apply
Affective disorders	GDS 5-question form	Rapid screen
Visual impairment	Snellen chart	Universally used
Hearing impairment	Whispered voice	No special equipment needed
	Pure tone audiometry	Can be performed by trained office staff
Dental health	DENTAL <sup>c</sup>	
Nutritional status	Weight loss of >4.5 kg (>10 lb) in 6 months or weight <45 kg (<100 lb)	
Gait and balance	"Timed Get Up and Go" test	Requires no special equipment

# Age Related Changes

- Decreased height, lean body mass and body water
- Increased body fat
- Consequence Changes in pharmacokinetics

off the mark .com by Mark Parisi

1. CALL DENTIST ABOUT MISSING DENTURES.
2. CALL DOCTOR ABOUT EMBARRASSING NEW DISCOMFORT.

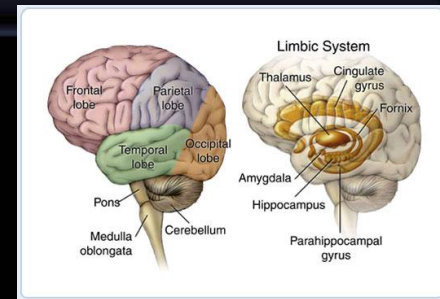


offthemark.com

ATLANTIC FEATURE SYND. ©1997 MARK PARISI

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# Aging nervous system



Structure	Regional function
Basal ganglia	Becomes bright in appearance due to iron accumulation (movements affected)
Subarachnoid space	Increase in size due to brain shrinkage
Hippocampus	Reduction in size due to cell loss in the structure. Part of limbic system Involved in learning & memory
Ventricles	Increase in size due brain shrinkage.
White Matter	Reduction in size due to neuronal atrophy in the deep brain. Involves in information transmission.

# Aging nervous system

## Changes

- Decreased brain weight
- Cerebral blood flow
- memory
- Alteration in CNS neurotransmitters
- Decreased vibratory sense

## Consequences

- Drug toxicities
- delirium
- Altered mood
- Decreased IQ scores
- “Benign senile forgetfulness”
- Increased postural instability
- Altered gait
- Falls, accidents

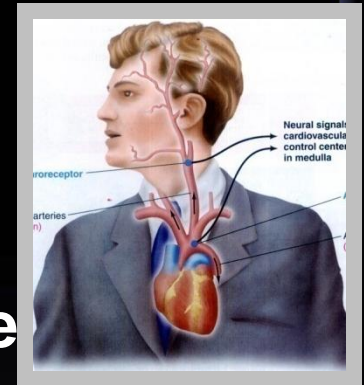
# Neurological System

- **Neuronal loss is normal in the aging brain but the ability to learn remains generally unchanged**
- **There is loss of dendritic arborization**
- **Recall memory is affected more than cognitive function in normal aging**
- **Cerebral atrophy shows up on CTs and MRI scans**
- **Lowered seizure threshold**
- **Reduced Sympathetic nervous system activity**
- **Reduced Neurotransmitter levels**
- **Changes in sleep patterns**
- **Abnormalities in EEG tracings**
- **Increased risk of stroke**

# Nervous System

- **Aging leads to increased cerebral amyloid**
- **Average amount of brain protein is reduced with a marked loss in multiple enzymes (carbonic anhydrase and the dehydrogenases) but with a relative increase in abnormal proteins such as amyloid in tangles and plaques.**
- **Loss of RNA (messenger and transcription) but not DNA**
- **Loss of lipids, and lipid turnover rate, and a decrease in catabolism and synthesis.**

# Carotid sinus hypersensitivity



- Carotid sinus syncope occurs when there is an exaggerated vagal response to carotid sinus stimulation,
- Provoked by wearing a tight collar, looking upwards or turning the head
- Carotid sinus syndrome occurs in the elderly and mainly results in bradycardia.
- Most common etiologies of atrioventricular block
- Do not massage both carotids simultaneously.

# Baroreceptor Reflex

Quick operation  
(within few  
seconds)

Mediated  
through  
autonomic nerves

Adjusts CO & TPR  
to restore BP  
to normal

Influences  
heart &  
blood vessels



**Pressure on the carotid sinus,  
produced by the  
tight collar or carotid massage**

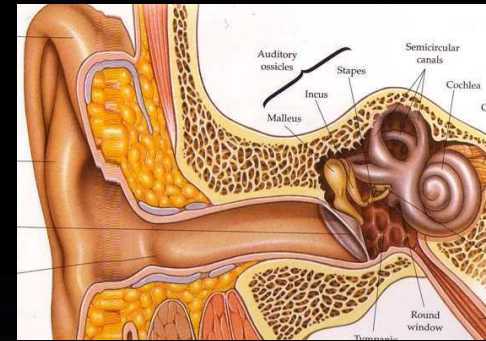
**can  
cause**

**vasodilatation**

**marked  
bradycardia**

**Fainting  
or syncope**

# Sensorineural Hearing Loss



**Damage to the hair cells of the organ of Corti may be caused by intense noise, viral infections, ototoxic drugs (e.g., salicylates, quinine and its synthetic analogues, aminoglycoside antibiotics, loop diuretics such as furosemide and ethacrynic acid, and cancer chemotherapeutic agents such as cisplatin), fractures of the temporal bone, meningitis, cochlear otosclerosis (see above), Ménière's disease, and aging**

# Vision

- **Loss of ability to see items that are close up begins in the 40's (Presbyopia)**
- **Size of pupil grows smaller with age: focusing becomes less accurate**
- **Lens of eye yellows making it more difficult to see red and green colors**
- **Sensitivity to glare increases**
- **Night vision not as acute**

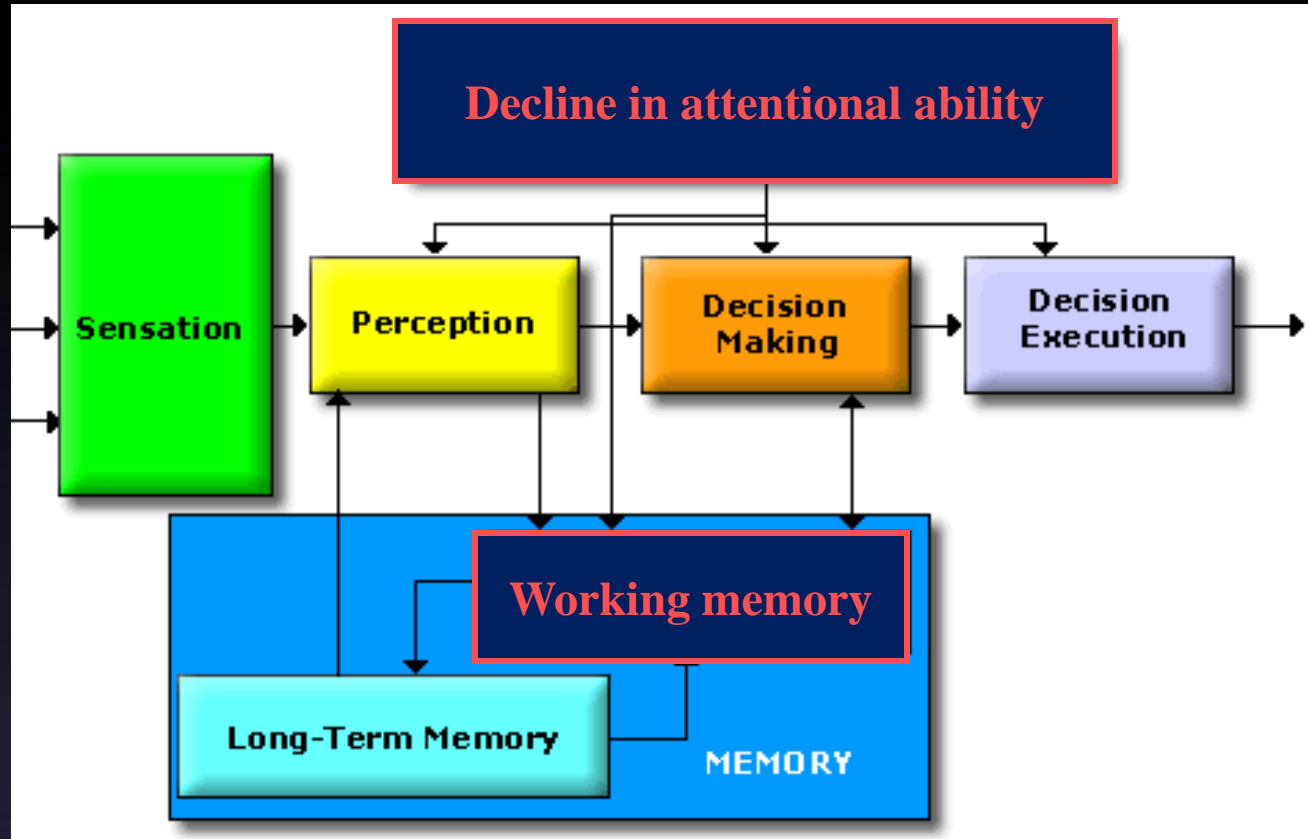
# Disorders of the Sense of Taste

- Disorders of the sense of taste are caused by
- transport loss
- sensory loss
- neural loss
- *Sensory gustatory losses* are caused by inflammatory and degenerative diseases in the oral cavity; a vast number of drugs, particularly those that interfere with cell turnover such as antithyroid and antineoplastic agents; radiation therapy to the oral cavity and pharynx; viral infections; endocrine disorders; neoplasms; and **aging**

# Pain and Sense of Touch

- **With age, skin is not as sensitive as in youth**
  - **Contributing factors include:**
    1. **Loss of elasticity**
    2. **Loss of pigment**
    3. **Reduced fat layer**
- **Safety Implications:**
  1. **Lessened ability to recognize dangerous levels of heat**
  2. **Lessened ability of body to maintain temperature**
  3. **Tendency to develop bruises, skin tears more easily**

# COGNITIVE CHANGES IN AGING: MENTAL PROCESSING



There is decline in mental processing via reduction of attentional ability and decline in ability in forming working memory (mainly includes short term memory)  
There is decline in explicit memory that involves hippocampus (surroundings & Skills)

# ***Geriatric Syndromes***

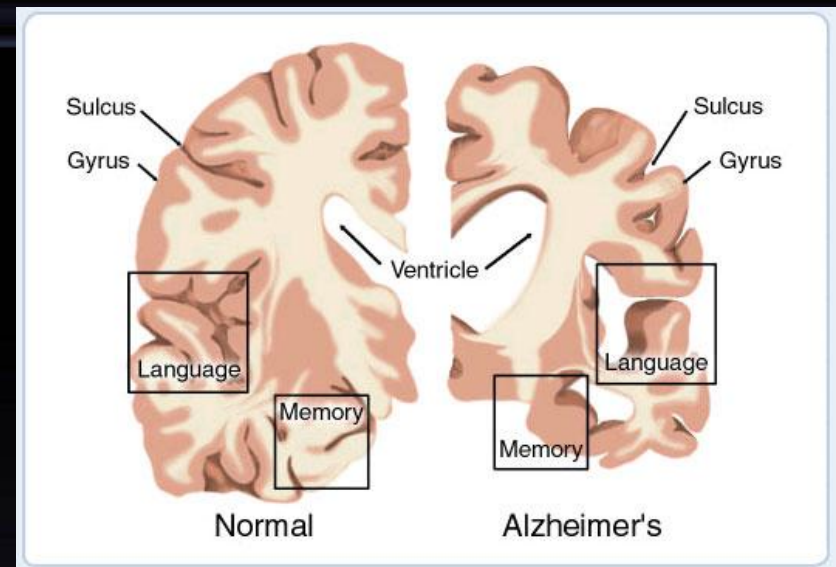
- ***Dementia and Delirium***
- ***Falls***
- ***Urinary Incontinence***
- ***Pressure Ulcers***
- ***Functional Decline***

# ***Dementia and Delirium***

- Dementia is a syndrome of progressive decline in which multiple intellectual abilities deteriorate, causing both cognitive and functional impairment.
- Delirium is an acute state of confusion
- Delirium may be the only manifestation of a life-threatening illness in the older adult.



# Alzheimer's Disease



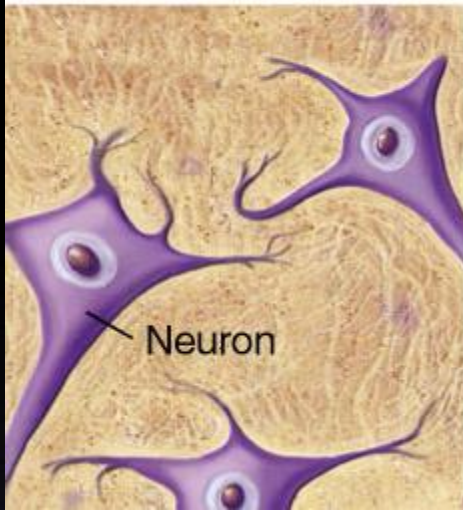
- Alzheimer's disease is defined as premature aging of the brain, usually beginning in mid-adult life and progressing rapidly to extreme loss of mental powers similar to that seen in very, very old age.

# Alzheimer's Disease (Features)

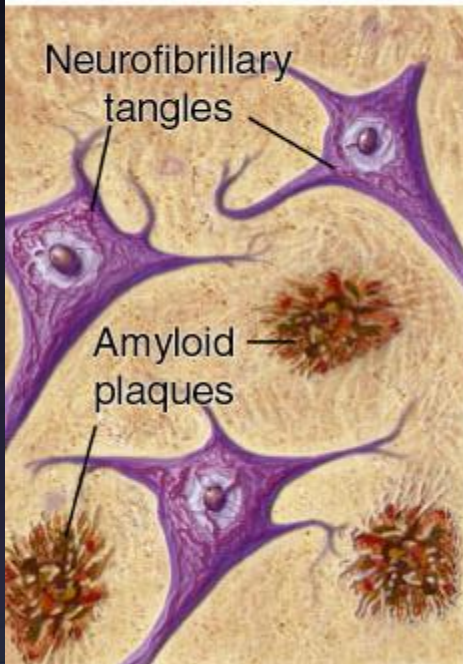
- (1) an amnesic type of memory impairment
- (2) deterioration of language
- (3) visuospatial deficits.

**Motor and sensory abnormalities, gait disturbances, and seizures are uncommon until the late phases of the disease.**

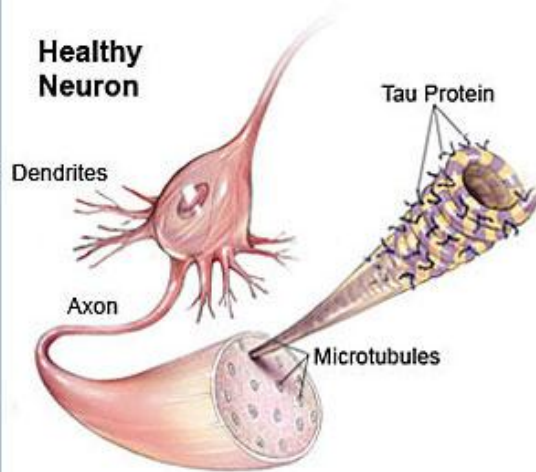
Normal



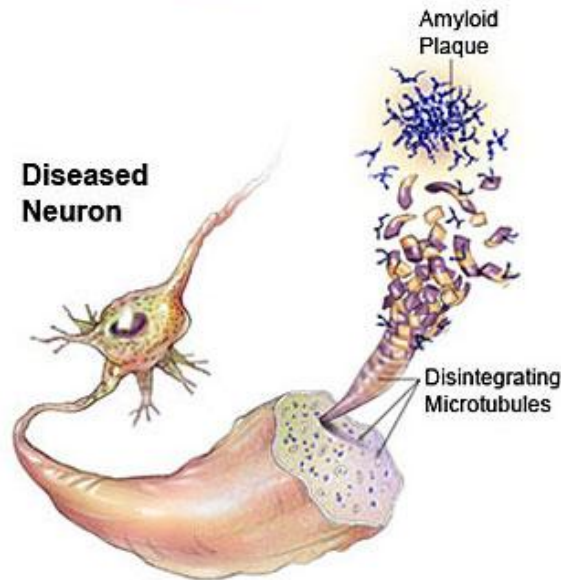
Alzheimer's



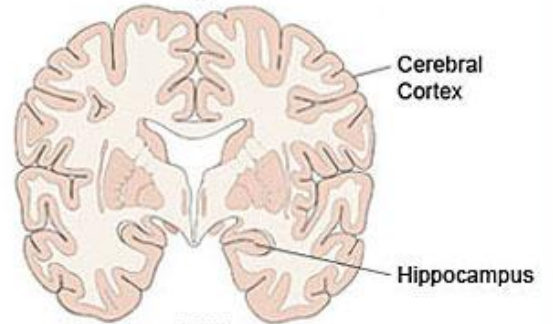
Healthy Neuron



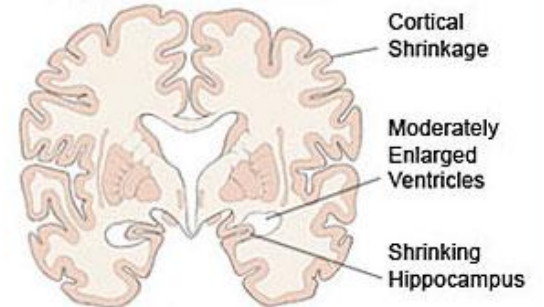
Diseased Neuron



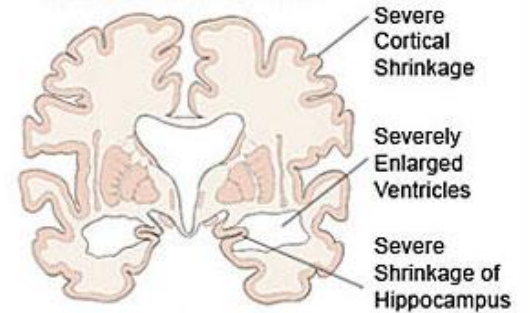
Healthy Brain



Mild Alzheimer's Disease



Severe Alzheimer's Disease



# Amyloid Plaques

- **It is hallmark of Alzheimer's disease**
- **There is accumulation of amyloid plaques between nerve cells (neurons) in the brain.**
- **Amyloid is a general term for protein fragments that the body produces normally. Beta amyloid is a protein fragment snipped from an amyloid precursor protein (APP).**
- **In a healthy brain, these protein fragments are broken down and eliminated. In Alzheimer's disease, the fragments accumulate to form hard, insoluble plaques.**

# Neurofibrillary Tangles

- **These are insoluble twisted fibers found inside the brain's cells.**
- **Consist primarily of a protein called tau, which forms part of a structure called a microtubule. The microtubule helps transport nutrients and other important substances from one part of the nerve cell to another.**
- **In Alzheimer's disease, however, the tau protein is abnormal and the microtubule structures collapse.**

# Sexual Dysfunction

Erectile dysfunction (ED) is not considered a normal part of the aging process. Nonetheless, it is associated with certain physiologic and psychological changes related to age.

In the Massachusetts Male Aging Study (MMAS), a community-based survey of men between the ages of 40 and 70, 52% of responders reported some degree of ED. Complete ED occurred in 10% of respondents, moderate ED occurred in 25%, and minimal ED in 17%

# THANKS

**OLD**  
IS WHEN YOU'RE NAPPING...



BUT EVERYONE'S WORRIED  
THAT YOU'RE DEAD!

**IT'S NEVER TOO LATE!**



[spicecomments.com](http://spicecomments.com)