

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

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.

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

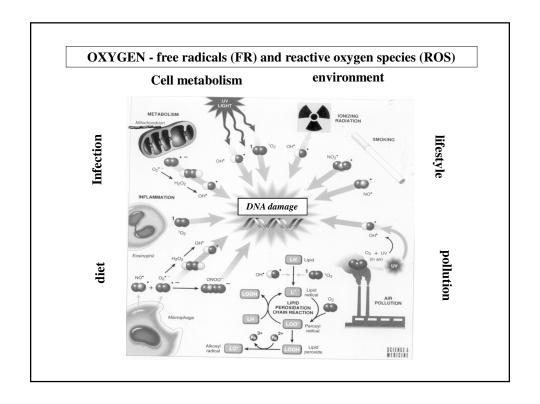
- UNIVERSAL AGEING: age changes that all
- people share)
 PROBABILISTIC AGEING: age changes that may happen to some (eg type two diabetes).
- CHRONOLOGICAL AGEING: referring to how old a person is
- SOCIAL AGEING:society's expectations of how people should act as they grow older
- BIOLOGICAL AGEING: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

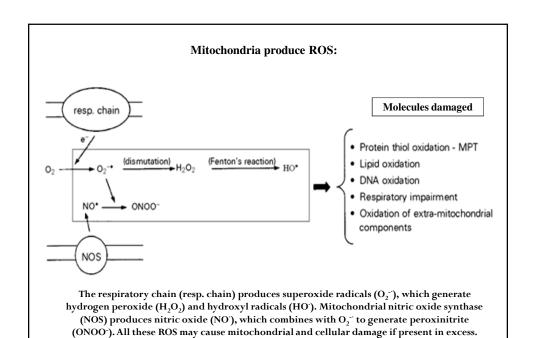
Some Theories of Aging

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

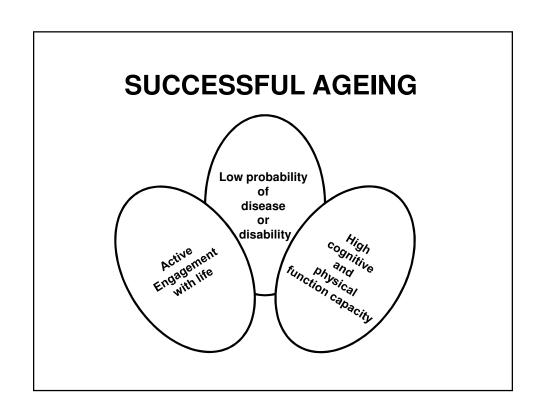
Hypothesis	How It May Work	
Hormonal changes	The decline and loss of circadian rhythm in	
	secretion of some hormones produces a	
	functional hormone deficiency state	
Telomere	Aging is related to a decline in the ability of	
shortening	cells to replicate	
Defective host	The failure of the immune system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





MPT, Mitochondrial permeability transition.

Kowaltowski 2002



Leading Causes of Death Age 65+ "Medical Diagnoses"

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



State of Aging and Health CDC/NCHS Health US, 2002

Brief Geriatric Assessment Instruments

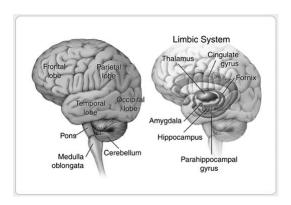
Domain	Instrument	Comments
Cognition		
Dementia	MMSE	Widely studied and accepted
	Timed time and change test	Sensitive and quick
Delirium	CAM	Sensitive and easy to apply
Affective disorders	GDS 5-question form	Rapid screen
Visual impairment	Snellen chart	Universally used
Hearing impairment	Whispered voice	No special equipment needed
	Pure tone audiometry	Can be performed by trained office staff
Dental health	DENTAL ^c	
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



Aging nervous system



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

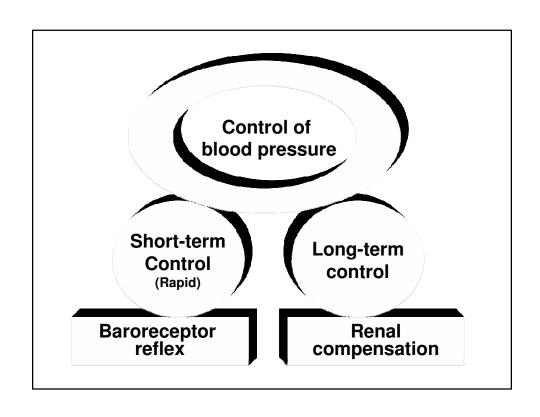
- Neuronal loss is normal in the aging brain but the ability to learn remains generally unchanged
- There is loss of dendritic arborization
- Recall memory is affected more than cognitive function in normal aging
- Cerebral atrophy shows up on CTs and MRI scans
- Lowered seizure threshold
- Reduced Sympathetic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

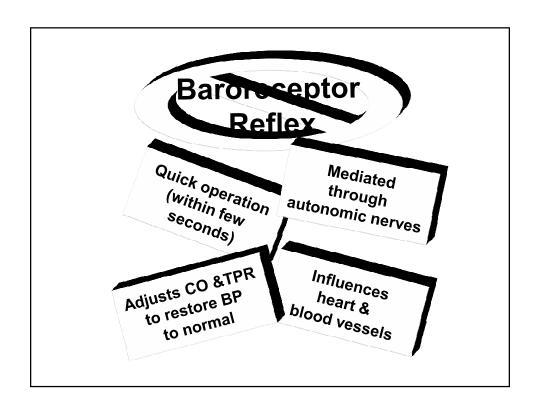
Nervous System

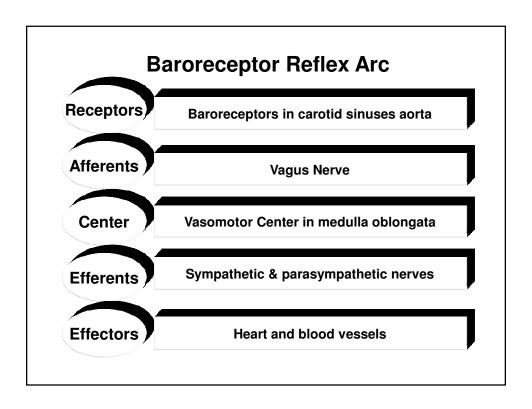
- Aging leads to increased cerebral amyloid
- Average amount of brain protein is reduced with a marked loss in multiple enzymes (carbonic anhydrase and the dehydrogenases) but with a relative increase in abnormal proteins such as amyloid in tangles and plaques.
- Loss of RNA (messenger and transcription)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

Carotid sinus hypersensitivity

- The state of the s
- 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.





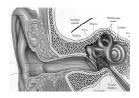


Pressure on the carotid sinus,
produced by the
tight collar or carotid massage

can
cause
marked
bradycardia
vasodilatation

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

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

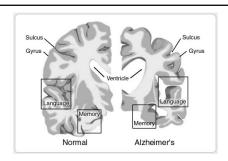
Geriatric Syndromes

- 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

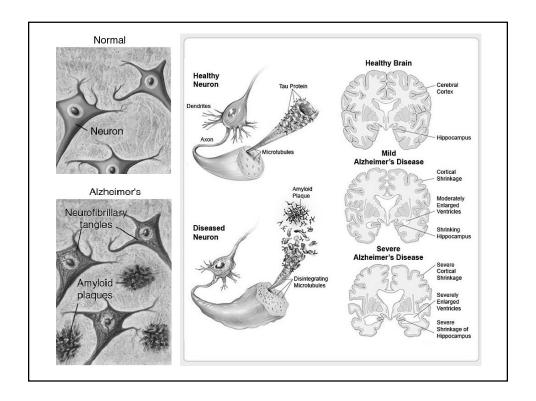


 Alzheimer's disease is defined as premature aging of the brain, usually beginning in mid-adult life and progressing rapidly to extreme loss of mental powers similar to that seen in very, very old age.

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.



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



