



The Future of Aging and its Impact on Health Care: If We Live Healthier, Can We Live Longer?

2 - 3 p.m. CDT | Sunday, June 6

Moderator

Jenny L. Boyer, MD, JD, PhD

Chair-Elect, AMA Senior Physicians
Section Governing Council

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Sponsored by the AMA's Senior Physicians Section (SPS)

Narayana Murali, MD
Member since 2002

Speaker

S. Jay Olshansky, PhD

Professor, School of Public Health at the University of Illinois at Chicago

Research Associate at the Center on Aging at the University of Chicago and at the London School of Hygiene and Tropical Medicine

Speakers' Disclosure

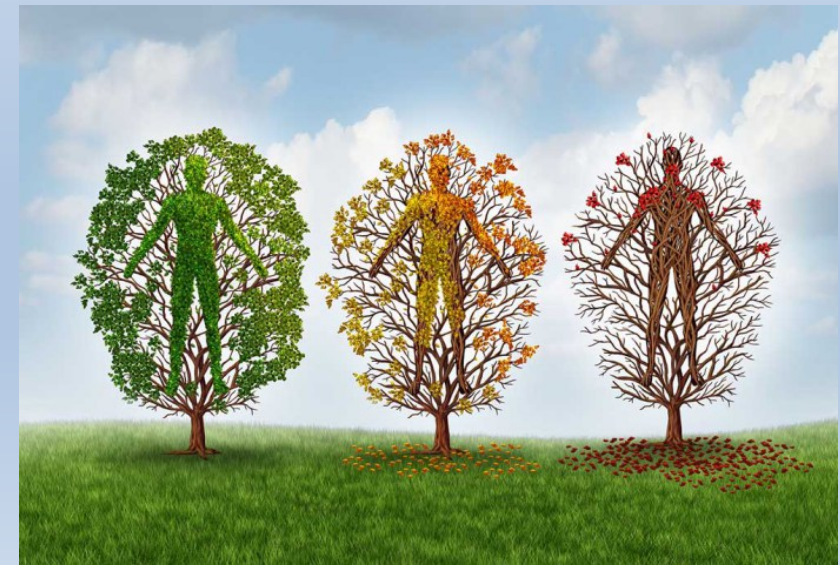
The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, there are no relevant financial relationships to disclose at this time.

Objectives

Upon completion of this activity, the physician will be able to:

- Assess recent estimates of the upper limits to human longevity
- Identify the most important risk factors for all the most common diseases associated with the biological process of aging
- Describe how to prevent or delay disease and disability.
- Examine the term “Longevity Dividend -- the social, economic, and health benefits that would accrue from successful efforts to slow aging in people.”
- Compare the pros and cons of altering the biological time clock.

The future of aging and its impact on health care: If we live healthier, can we live longer?



SPECIAL

U.S. News & World Report
usnews.com

EDITION

HOW TO LIVE TO 100

WHAT SCIENCE
REVEALS ABOUT
AGING
IS YOUR JOB
KILLING
YOU?

HOW TO KEEP YOUR
BRAIN SHARP
WHAT THE
EXPERTS
DO TO STAY
YOUNG



\$7.99 U.S. / \$8.99 CANADA



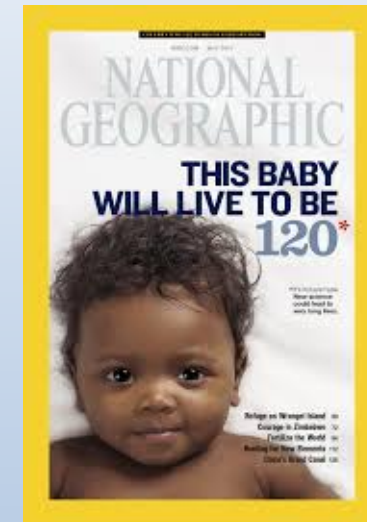
KEEP ON SALE THROUGH MARCH 8, 2011

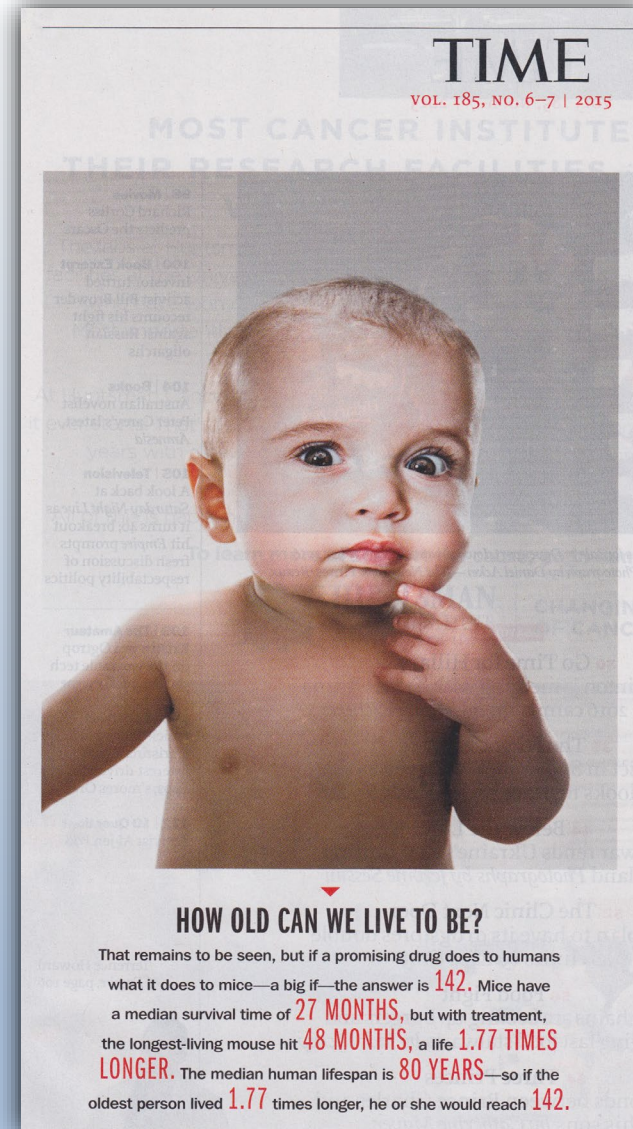
THE FIRST PERSON TO LIVE TO 150 IS ALIVE TODAY.

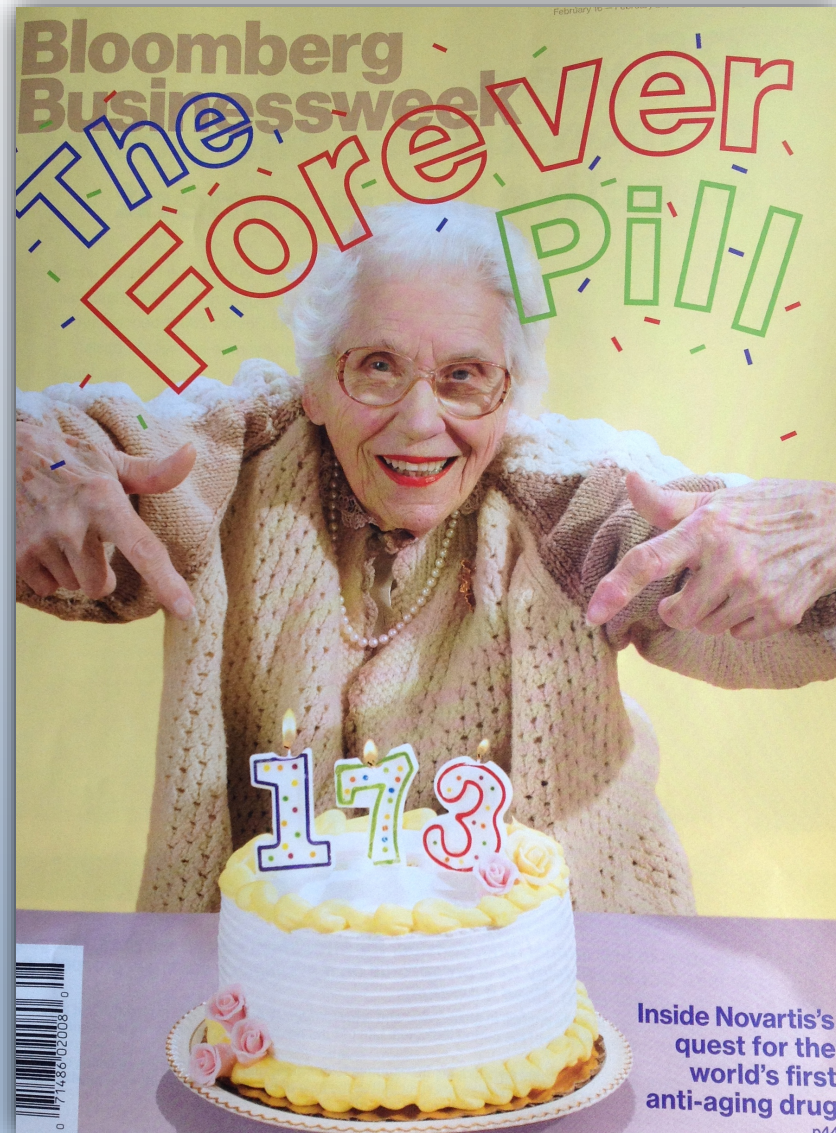
Let's get ready for a longer retirement.

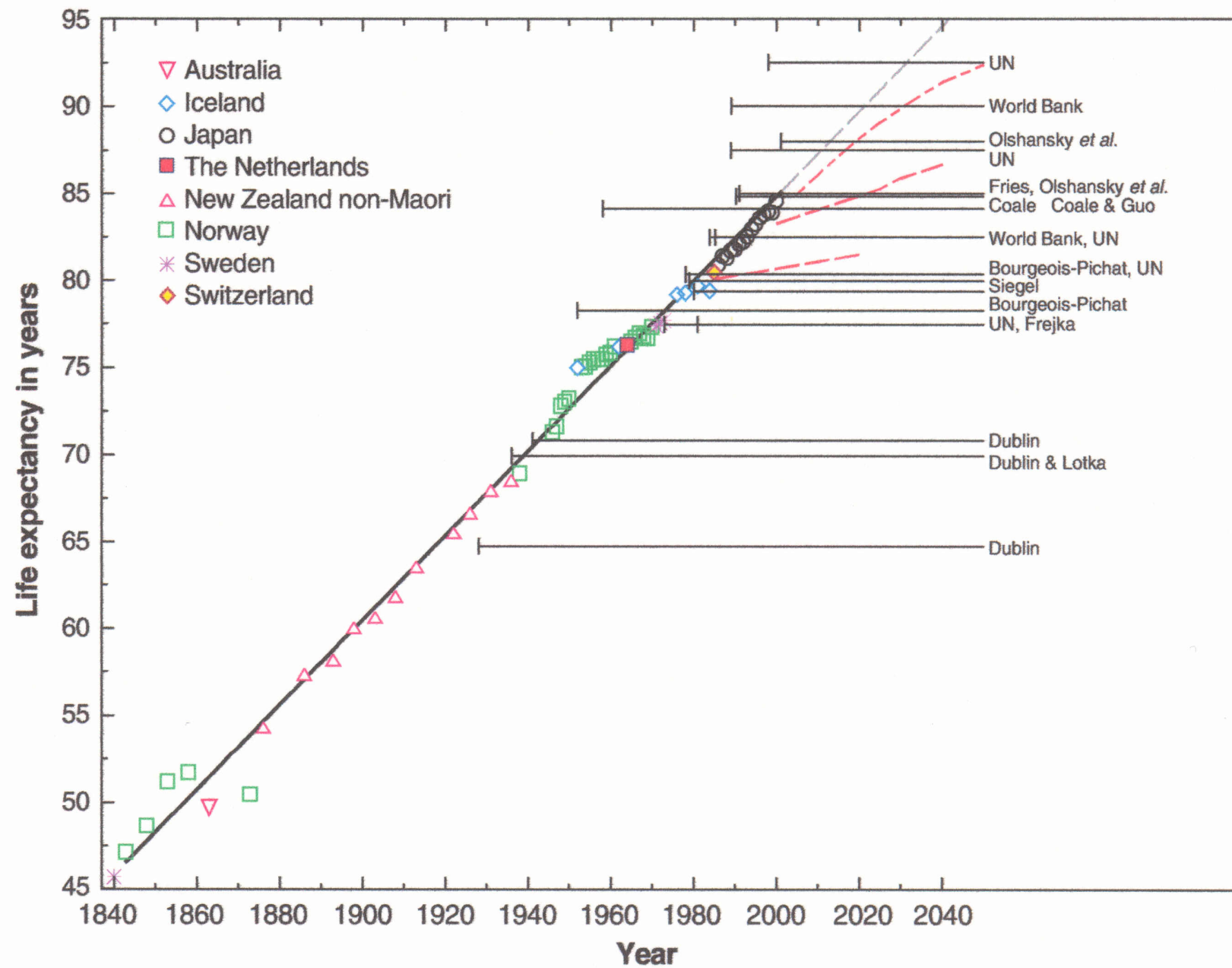


Prudential
Bring Your Challenge



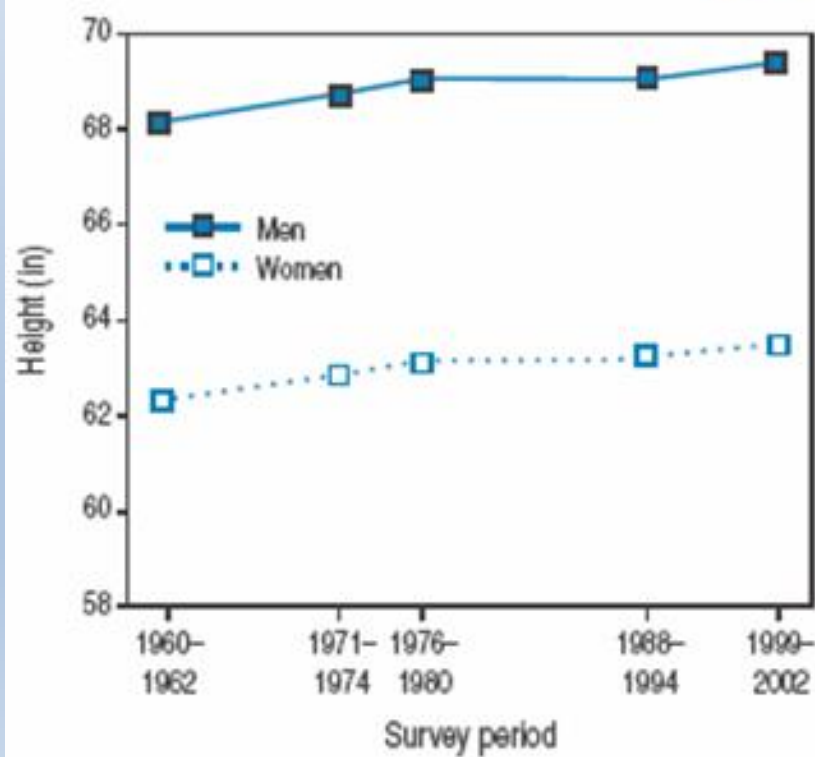








6' 4.5"



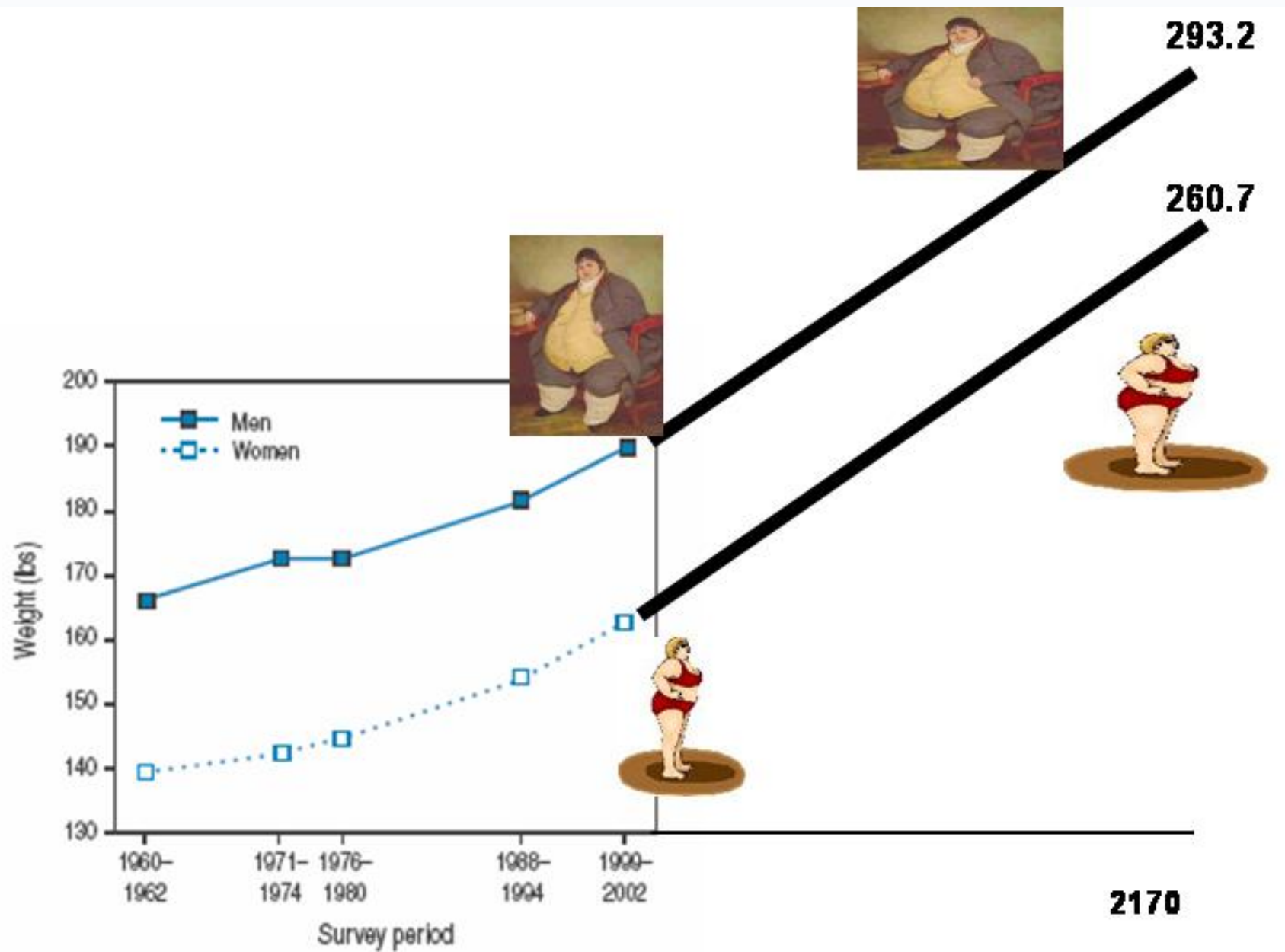
5' 9.5"

5' 4"

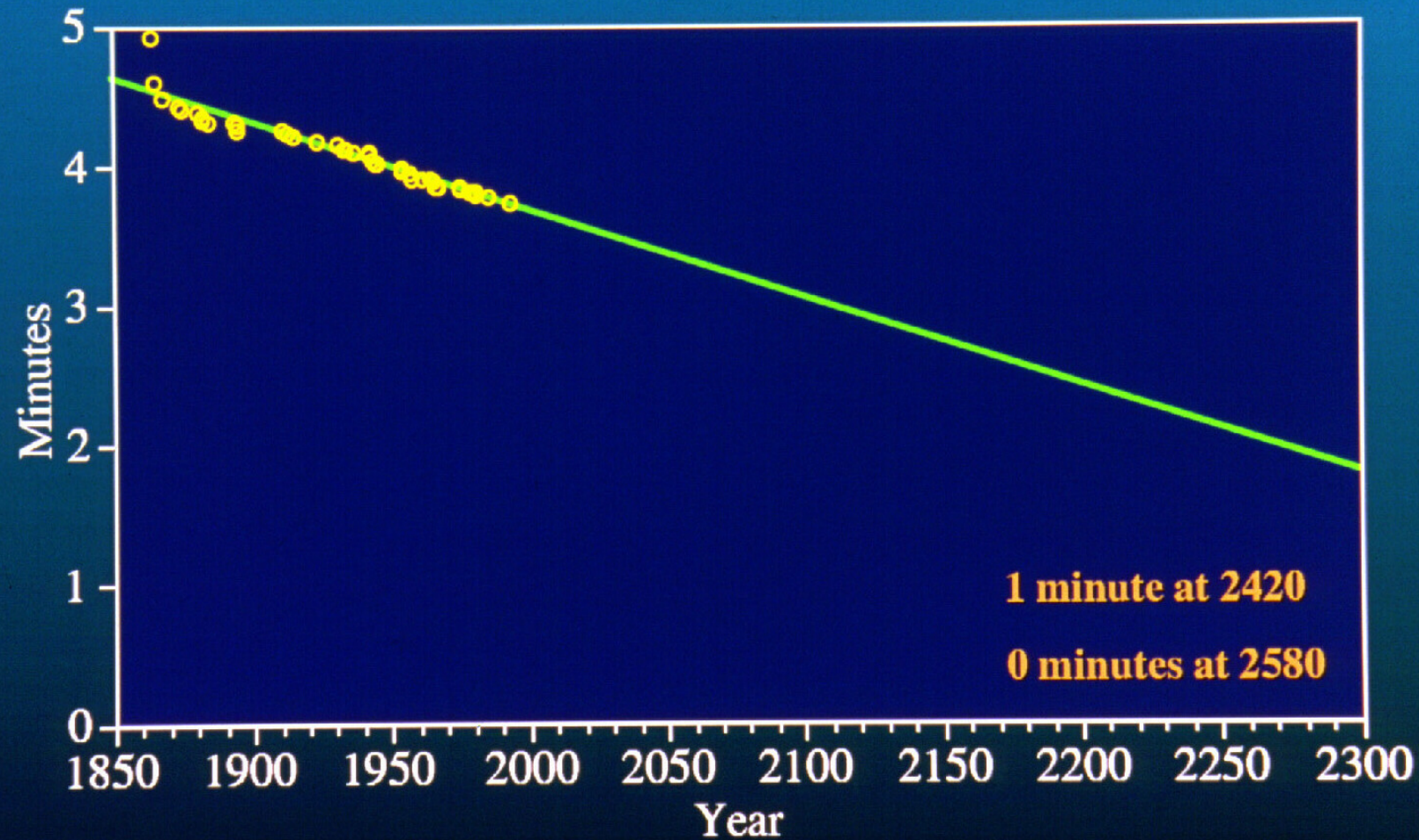
5' 8"



2170

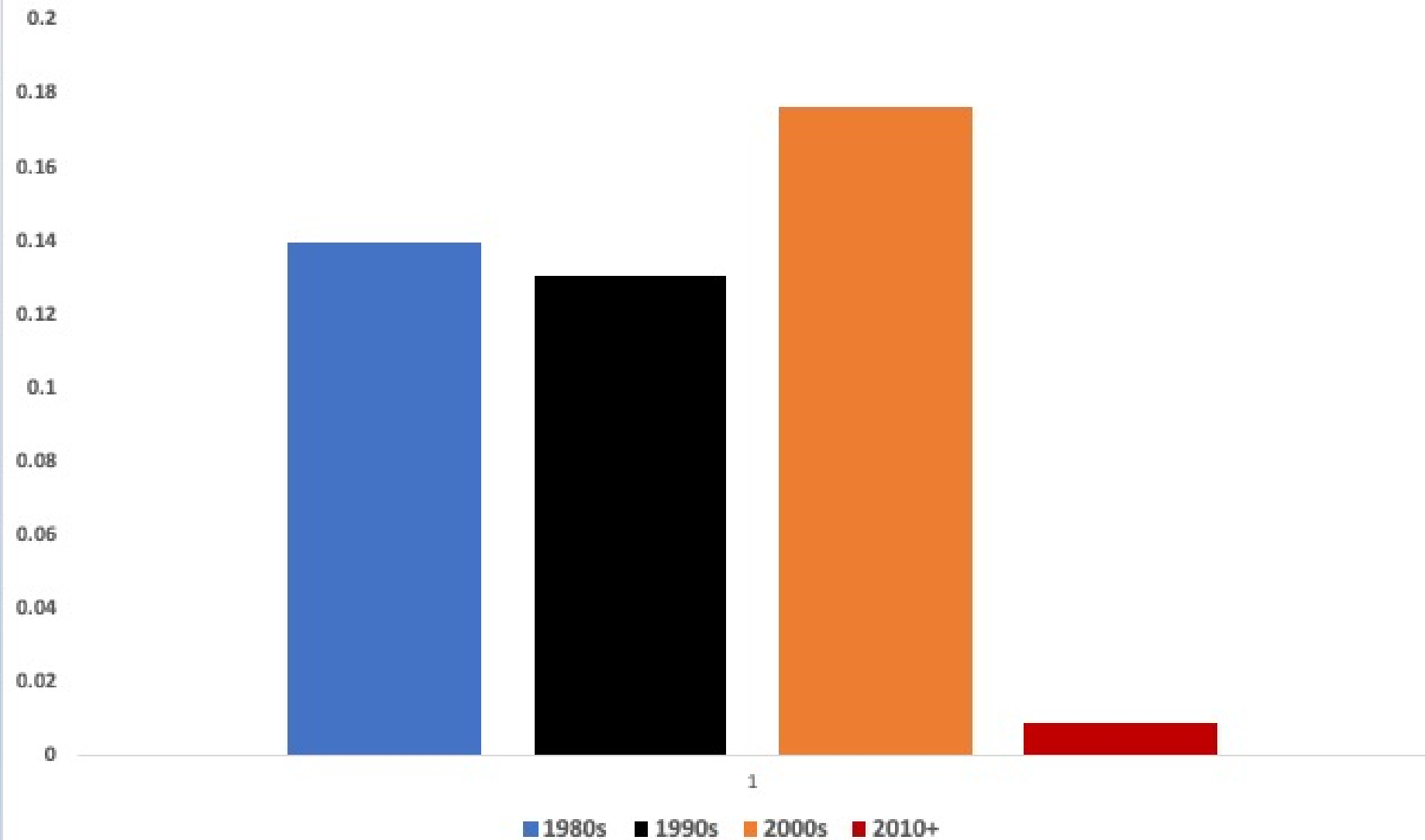


World Record for the 1-Mile Run (Males)

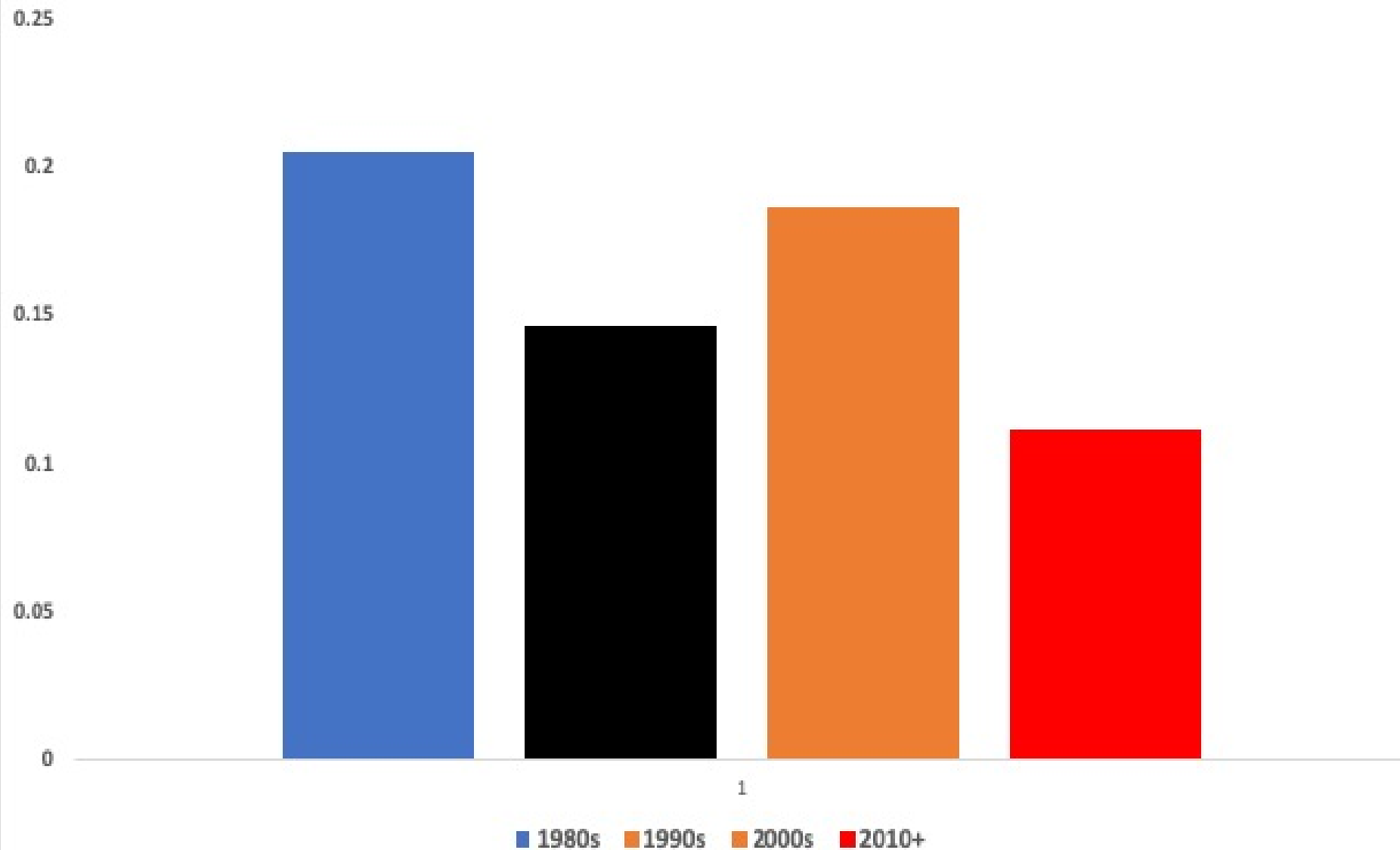


Source: World Almanac, 1985; 1990; 1995

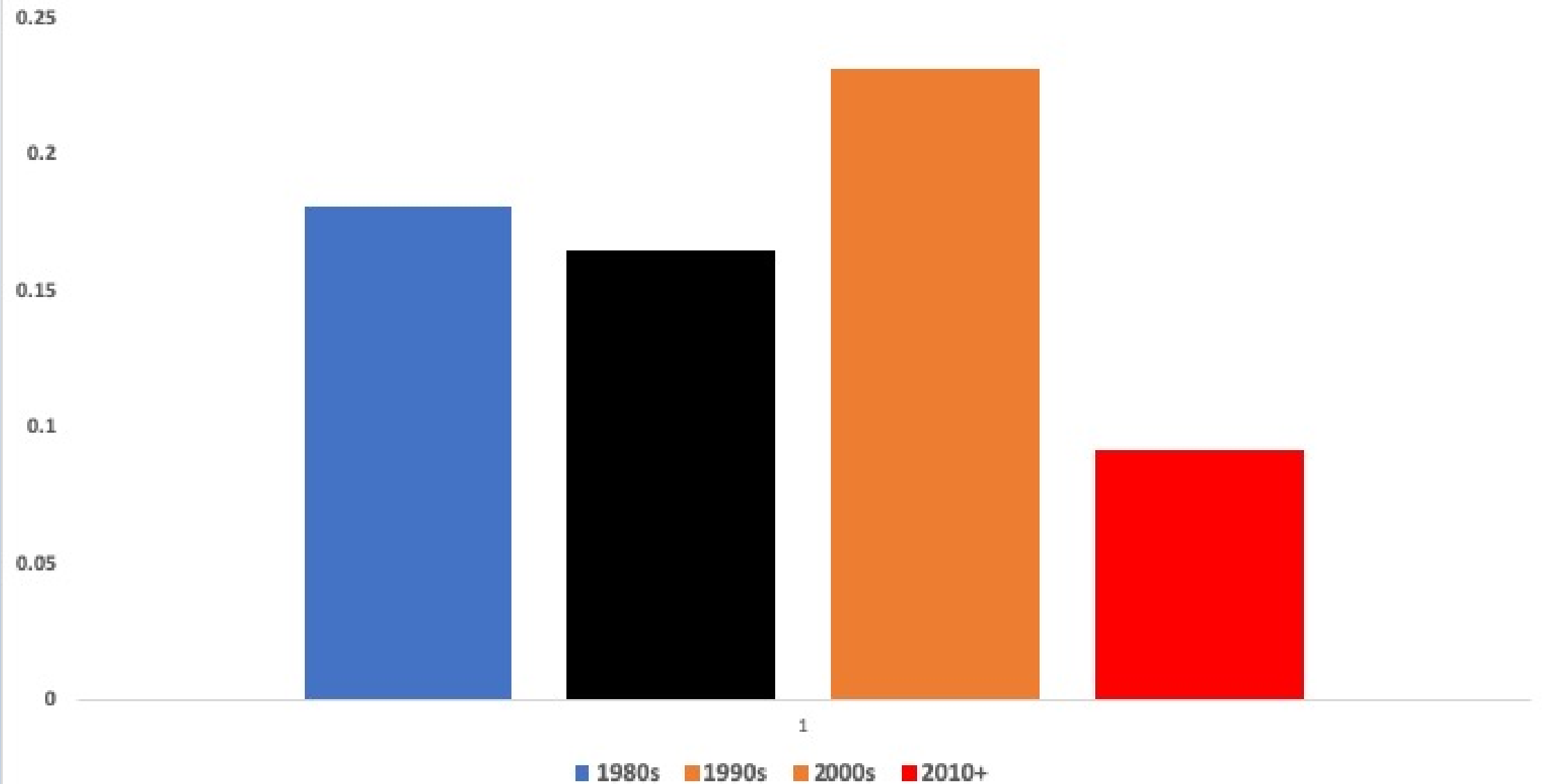
**Annual Rate of Improvement in Life Expectancy at Birth in the United States
(1980-2017)**



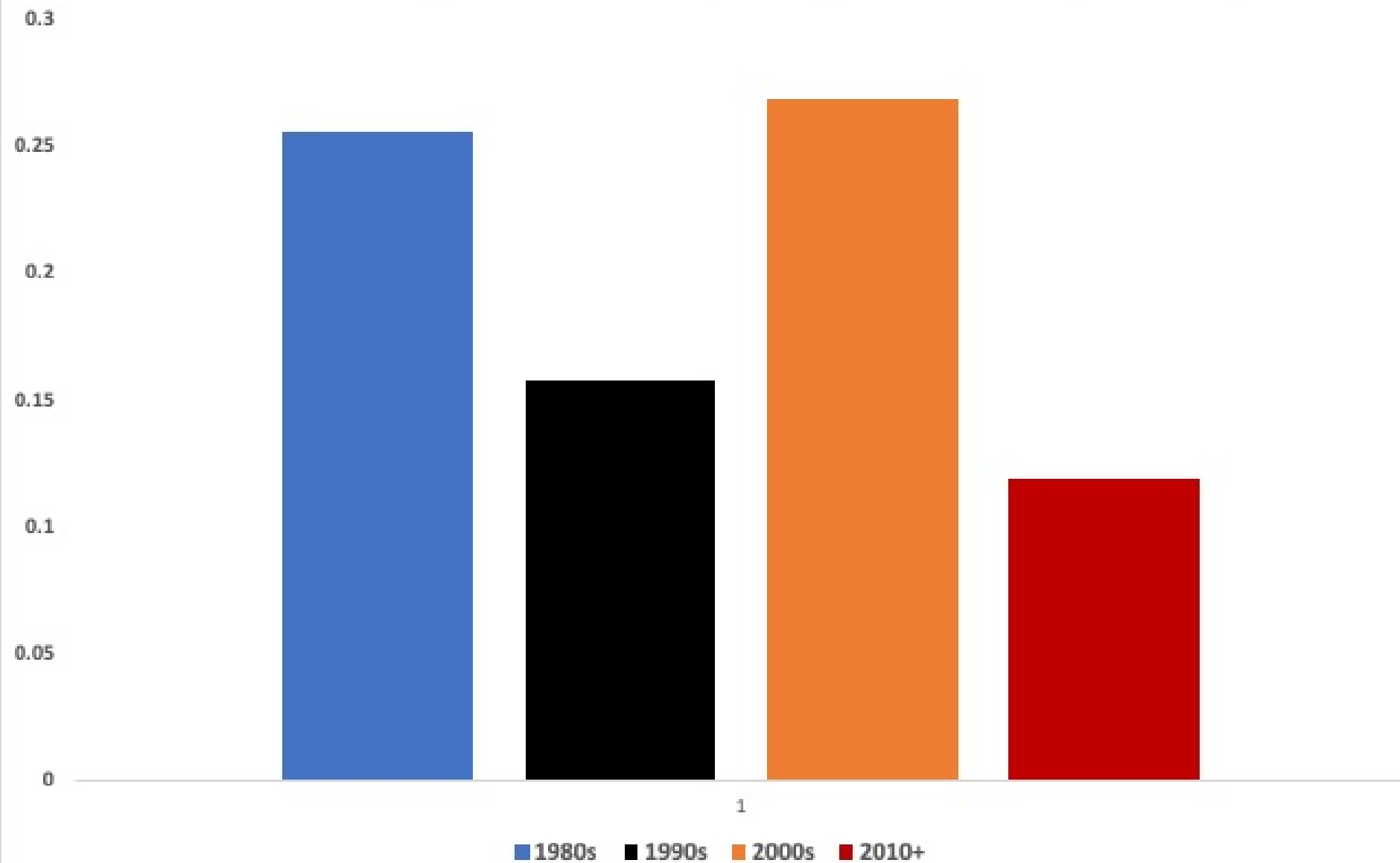
Annual rate of improvement in life expectancy at birth in Canada (1980-2016)



Annual rate of improvement in life expectancy at birth in the U.K. (1980-2016)



Annual Rate of Improvement in Life Expectancy at Birth in Israel (1983-2016)



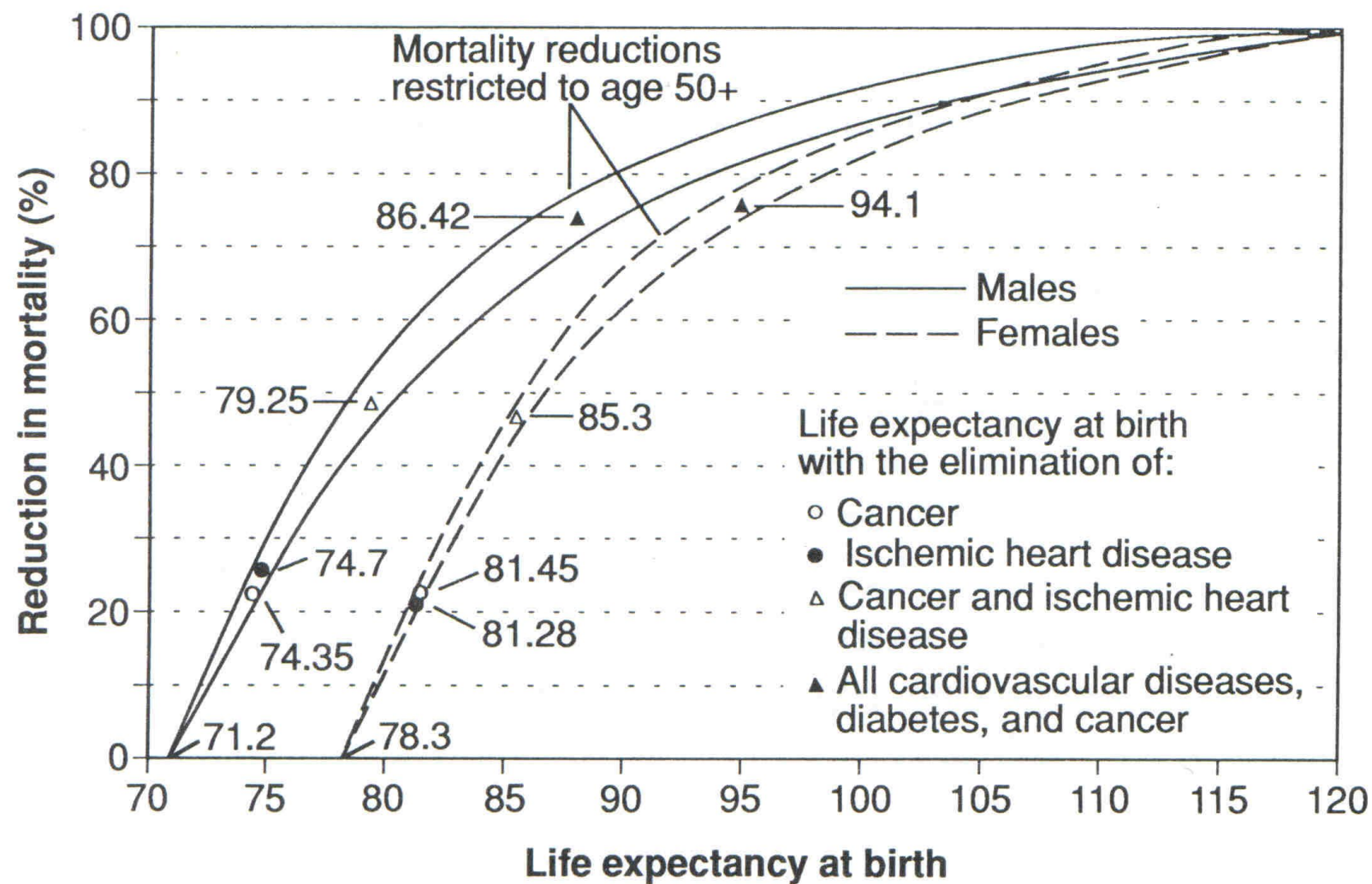
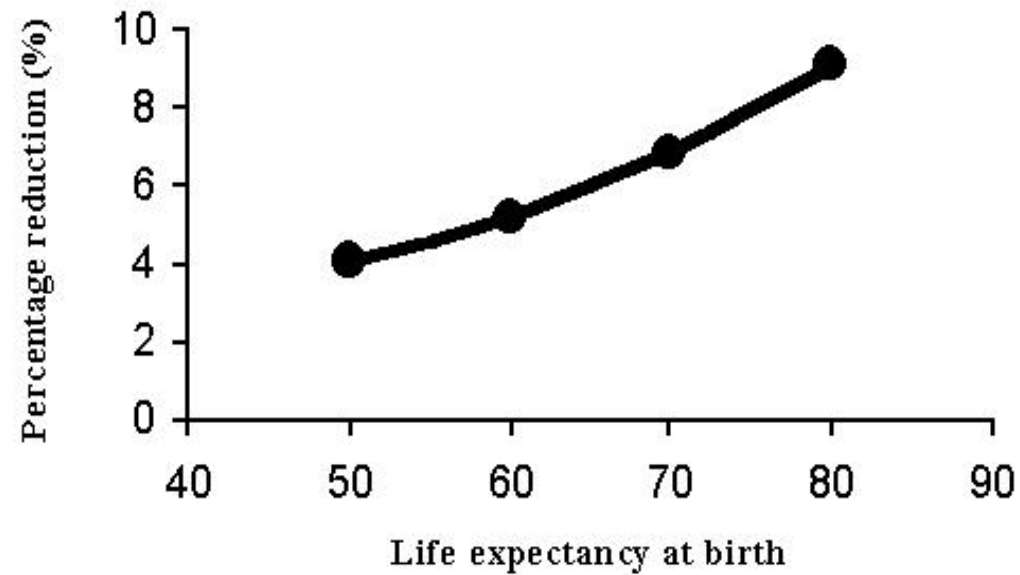


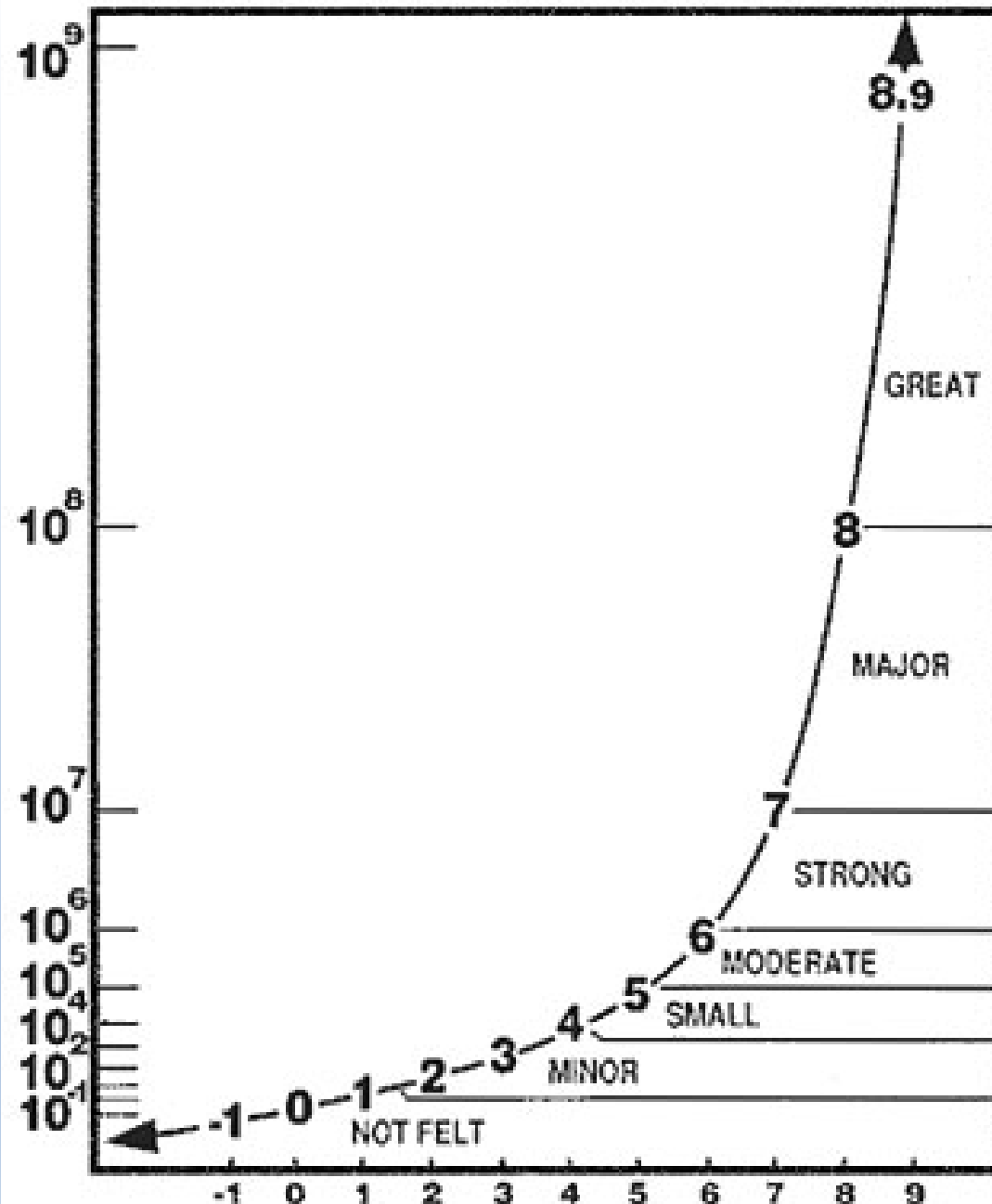
Fig. 2. Percentage of reduction in the conditional probability of death for the United States (from 1985 levels) required to produce a life expectancy at birth from 80 to 120 years.

Source: Olshansky, Carnes and Cassel, 1990. *Science*.

Percentage reduction in death rates at all ages required to raise life expectancy at birth by one year



SOURCE: Olshansky, Carnes and Désesquelles, 2001.
Prospects for Human Longevity. *Science*.



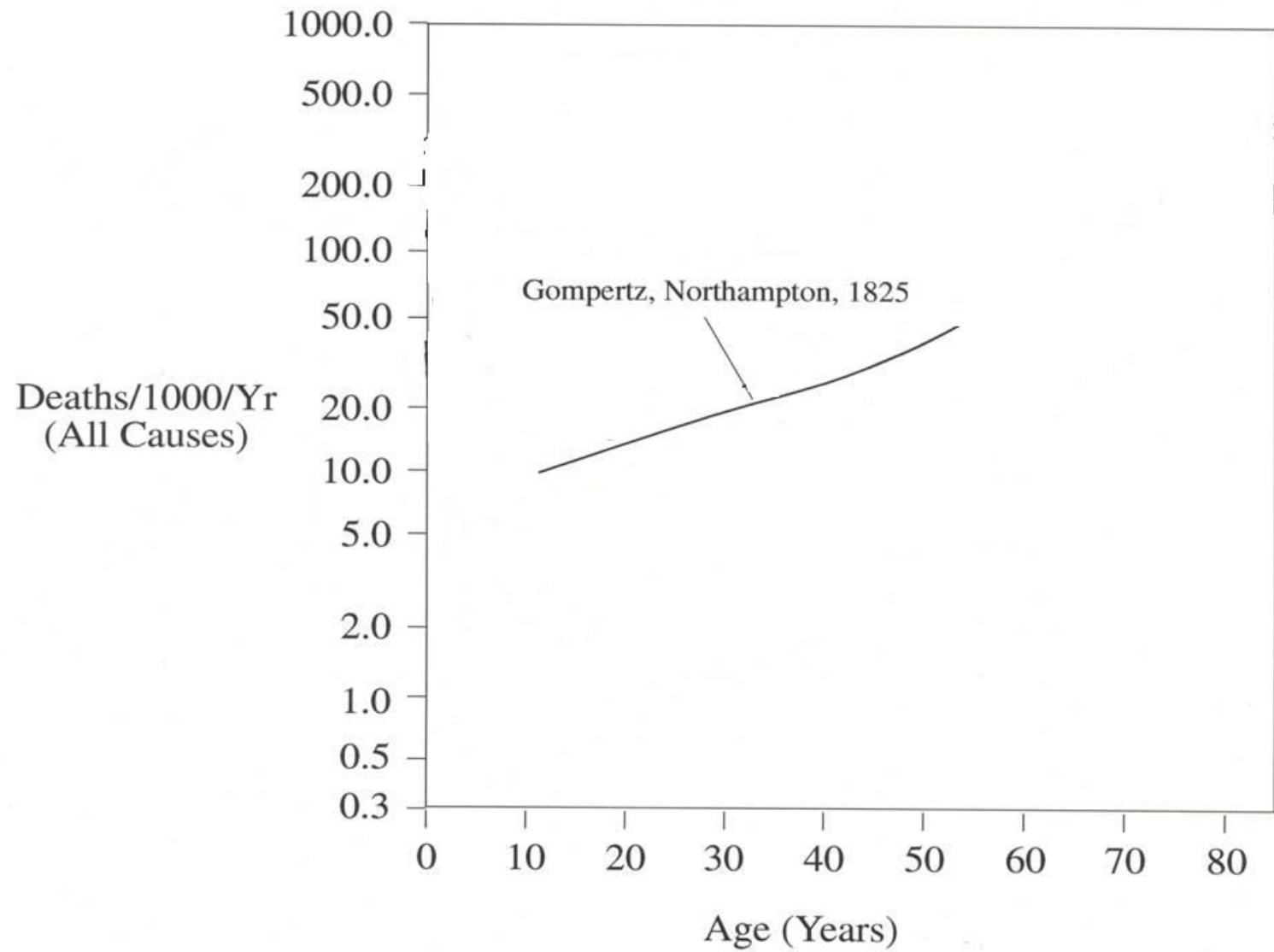
Seismic energy yield

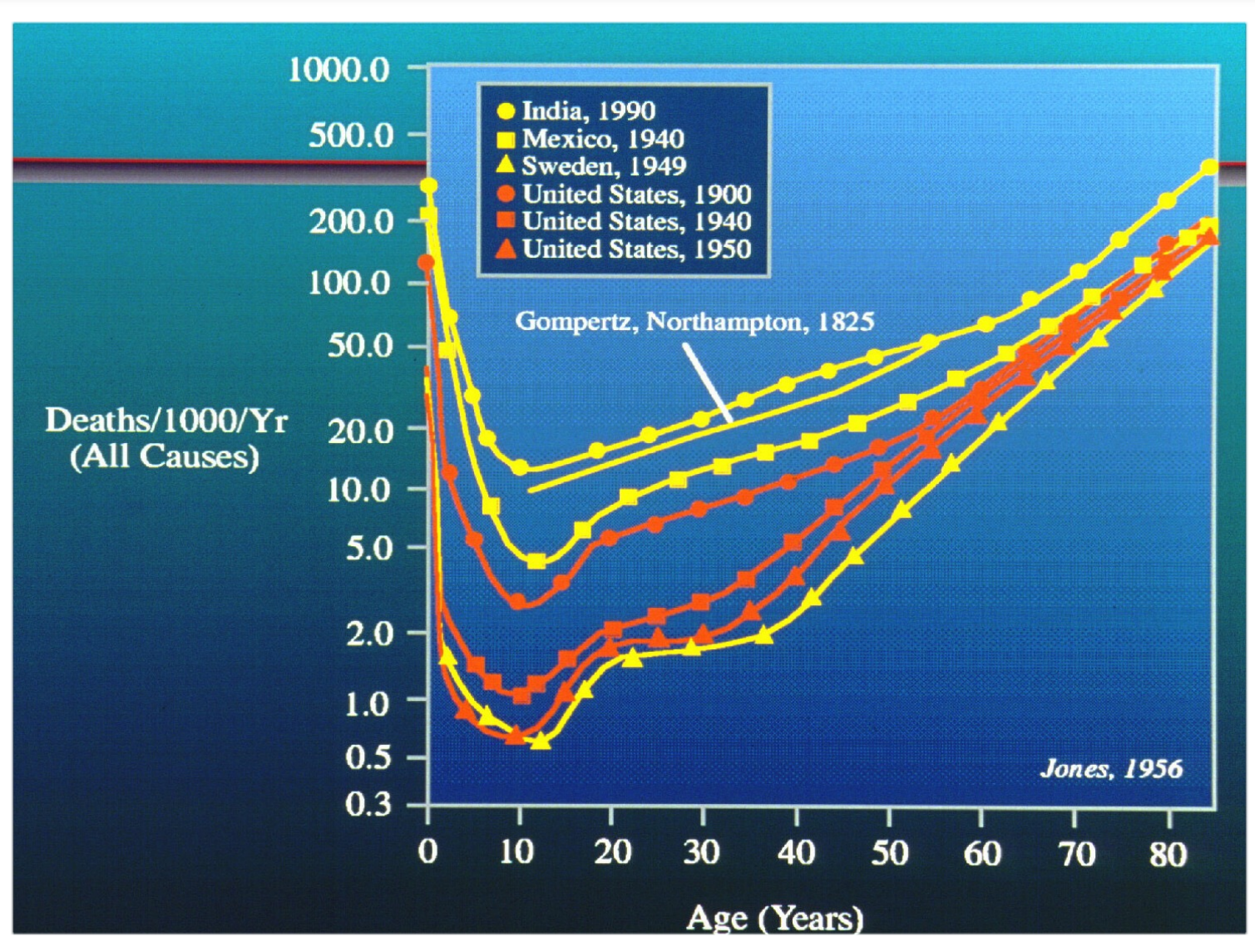
7.0 – 7.1 = 200 kilotons

8.0 – 8.1 = 6 megatons

9.0 – 9.1 = 300
megatons

Richter Scale used
to measure energy
released during an
earthquake





The Bridge of Life



The Chances of Death by Karl Pearson (1897)

**Why does death occur
with such regularity?**

"Nothing in biology makes sense except in the light of evolution."



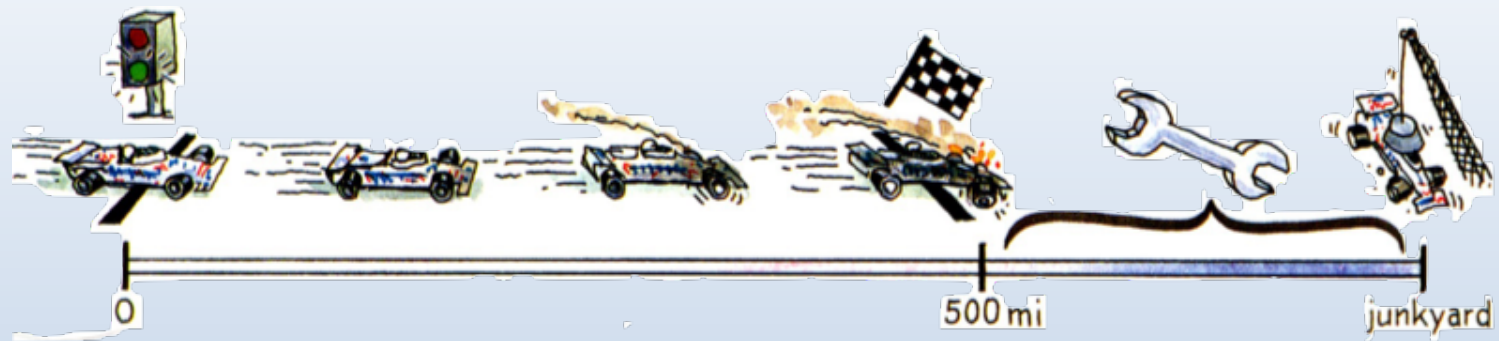
Theodosius Dobzhansky

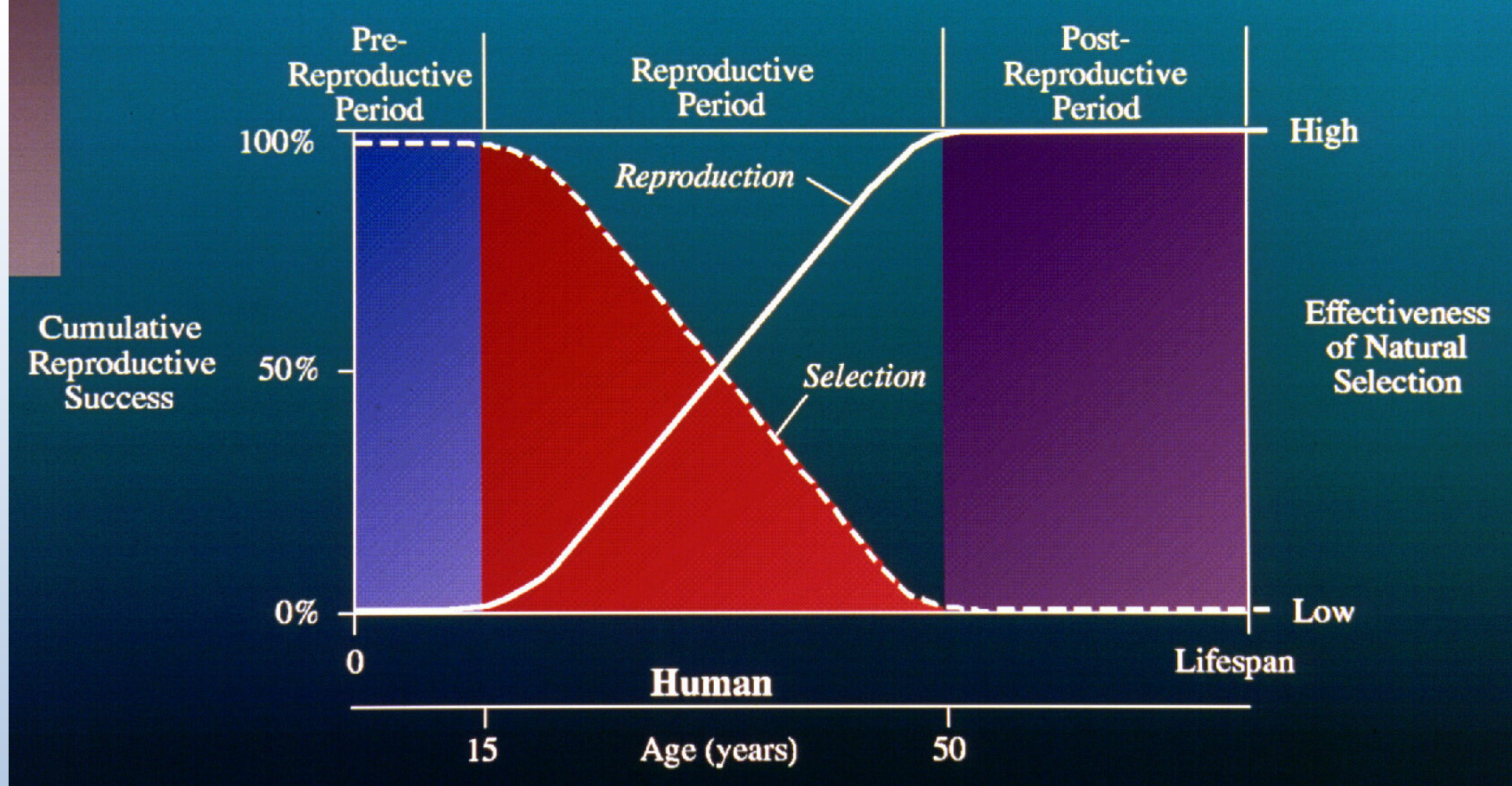
The American Biology Teacher, March 1973

WHY Do We Age and Live as Long as We Do?









There is a remarkable consistency to the timing of death across species.

Duration of life is calibrated to the onset and length of a species' reproductive window.

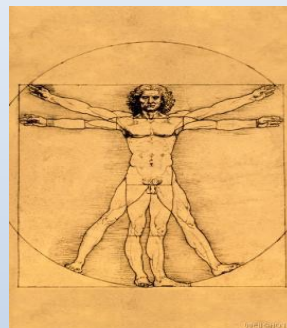
1,000 days
mouse



5,000 days
dog



26,000 days
elephant



45,000 days
Human
(max)
29,000 (avg)



55,000 days
sea turtle

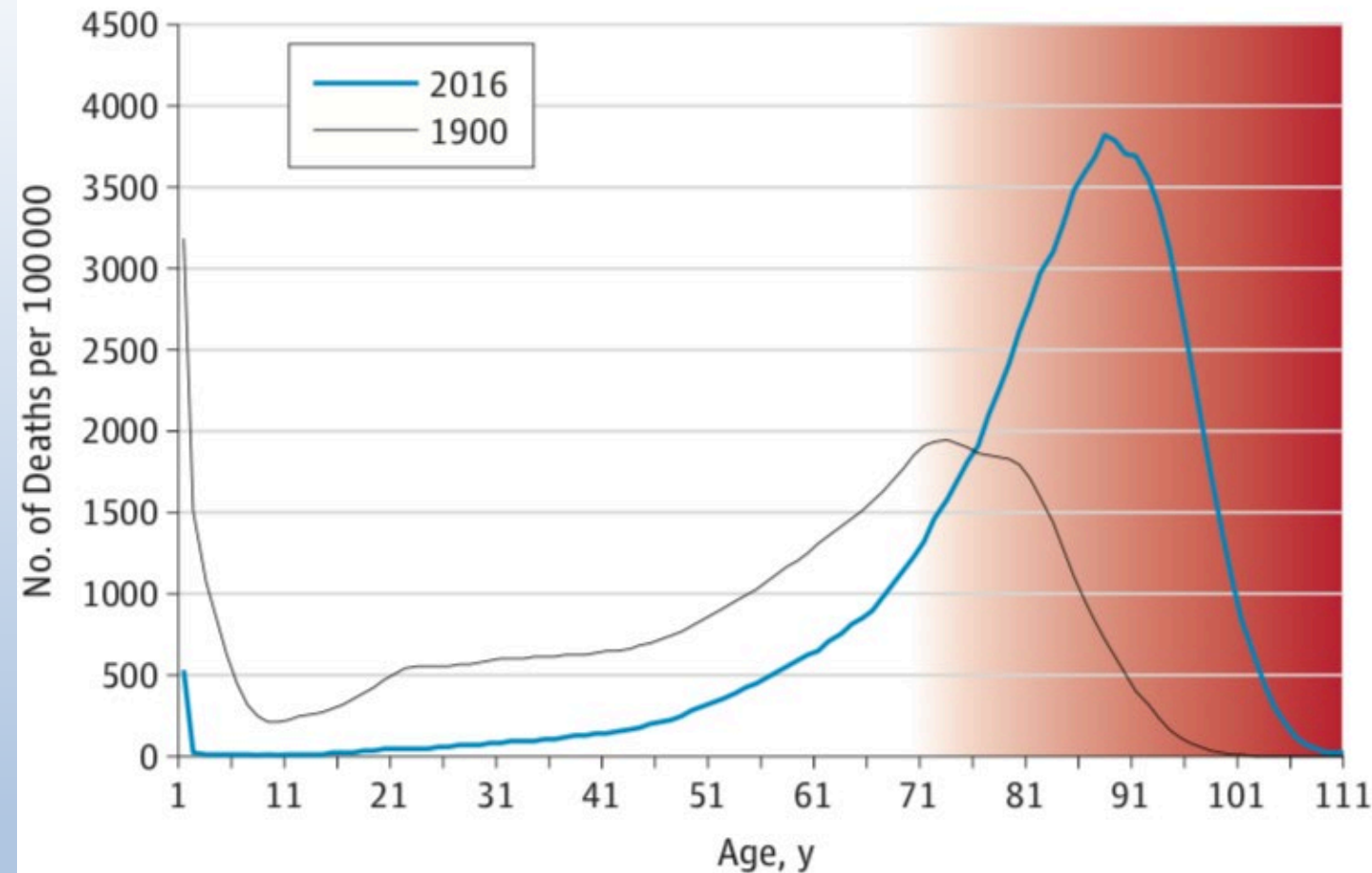


77,000 days
bowhead whale



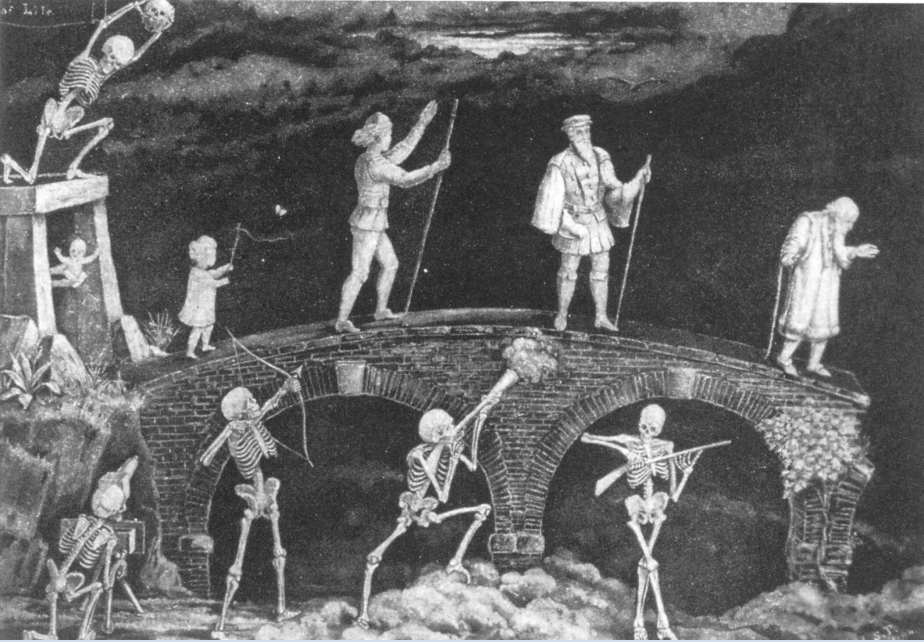
146,000 days
Greenland shark

Figure. Age Distribution of Life Table Deaths for Women
in the United States, per 100 000 People, 1900 and 2016



Olshansky, S.J. 2018.
JAMA.320(13):1323-1324

The red zone represents a period in life when the risk of frailty and disability begins to increase rapidly. The goal of aging science is to delay and compress the red zone, which may extend healthy life. Sources: 1900 data from Bell and Miller¹; 2016 data from Human Mortality Database.²

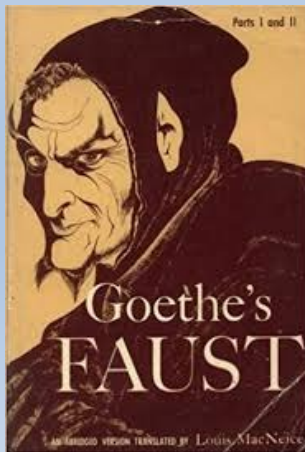


The Faustian Longevity Bargain



Faust's Bargain

- Faust is disillusioned with his own limits to knowledge -- turns to suicide.
- Mephistopheles makes Faust an offer. Faust's soul in exchange for unlimited knowledge and continuous youthful vigor.
- The story of Faust is a metaphor for a bargain that at first seems appealing, but with time is revealed to be a ruse.





The First Longevity Bargain

The Offer

- Declines in infant and child mortality
- 30 years added to life expectancy at birth
- Most get to survive past age 65

The Price

- Heart disease, cancer, stroke, Alzheimer's, etc.
- Dramatic increase in all fatal and disabling conditions of aging
- An insatiable thirst for more longevity





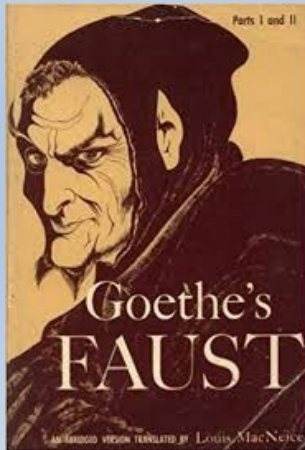
The Latest Longevity Bargain

The Offer

- Reductions in cancer, stroke, and heart disease
- Incrementally smaller gains in longevity (weeks and months)
- Decelerating increases in life expectancy
- Additional survival into extreme old age

The Price

- Our fears about Alzheimer's disease and other neurological conditions rising dramatically come true
- Increased prevalence and duration of frailty and disability
- The Failures of Success becomes reality

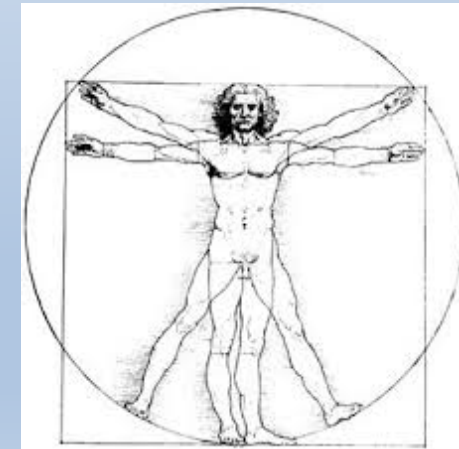


Logic Behind Longevity Dividend/Geroscience



- The timing of reproduction is calibrated to the level of hostility in the environment.

- Fixed genetic programs for growth and development, reproduction, human body design, and our life history are all byproducts.



77,000 days



1,000 days



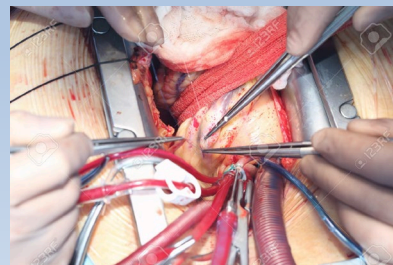
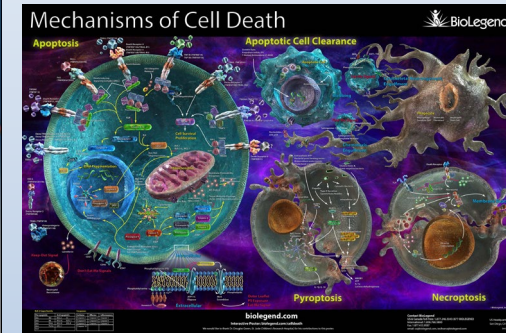
- Duration of life is calibrated to reproduction and limited by body design.

Logic Behind Longevity Dividend/Geroscience



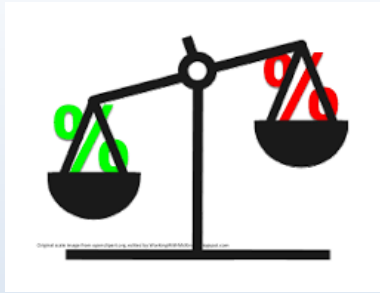
- Aging is an inadvertent byproduct of fixed genetic programs for early life events.

- In long-lived populations, aging becomes the most important risk factor for the diseases and infirmities linked to old age.



- Life extension caused only by disease reduction exposes the saved population to an elevated risk of aging becoming an even more powerful risk factor.

Logic Behind Longevity Dividend/Geroscience



• Death is a zero sum game. When one disease declines, another must rise - known as competing risks or whack-a-mole. It's all about tradeoffs.

- Life expectancy will soon level off or even decline as we approach the limits of our body design.



- We may be on the verge of an accelerated increase in diseases we are most afraid of - such as Alzheimer's

The NEW ENGLAND JOURNAL of MEDICINE

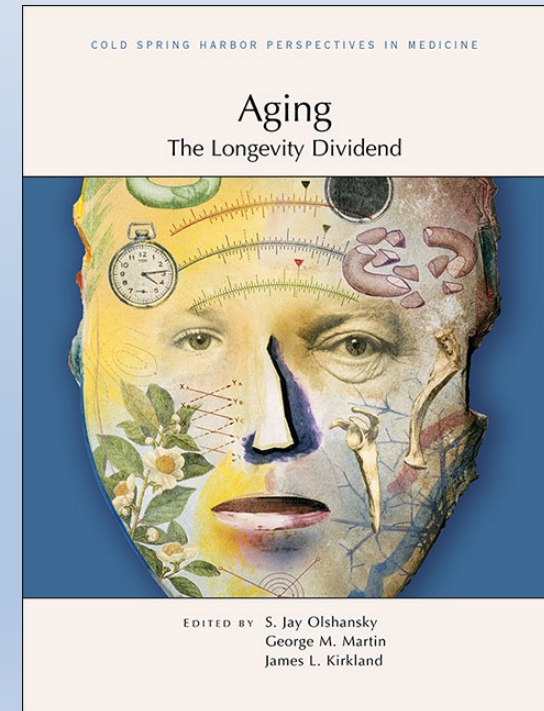
SPECIAL REPORT

A Potential Decline in Life Expectancy in the United States in the 21st Century

S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershov, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D.

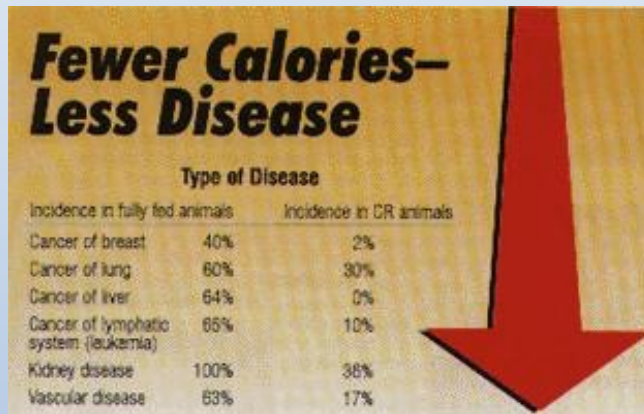
Logic Behind Longevity Dividend/Geroscience

- A new paradigm in public health is required -- attack all fatal and disabling diseases at once by modulating the biological processes of aging.
- Geroscience becomes the most effective method of primary prevention of all fatal and disabling diseases.



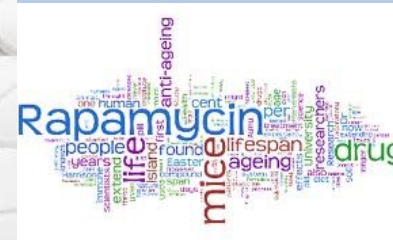
Do We Need to Know in Advance Which Scientific Pathways to the Longevity Dividend Will Work?

Genetics of long-lived people

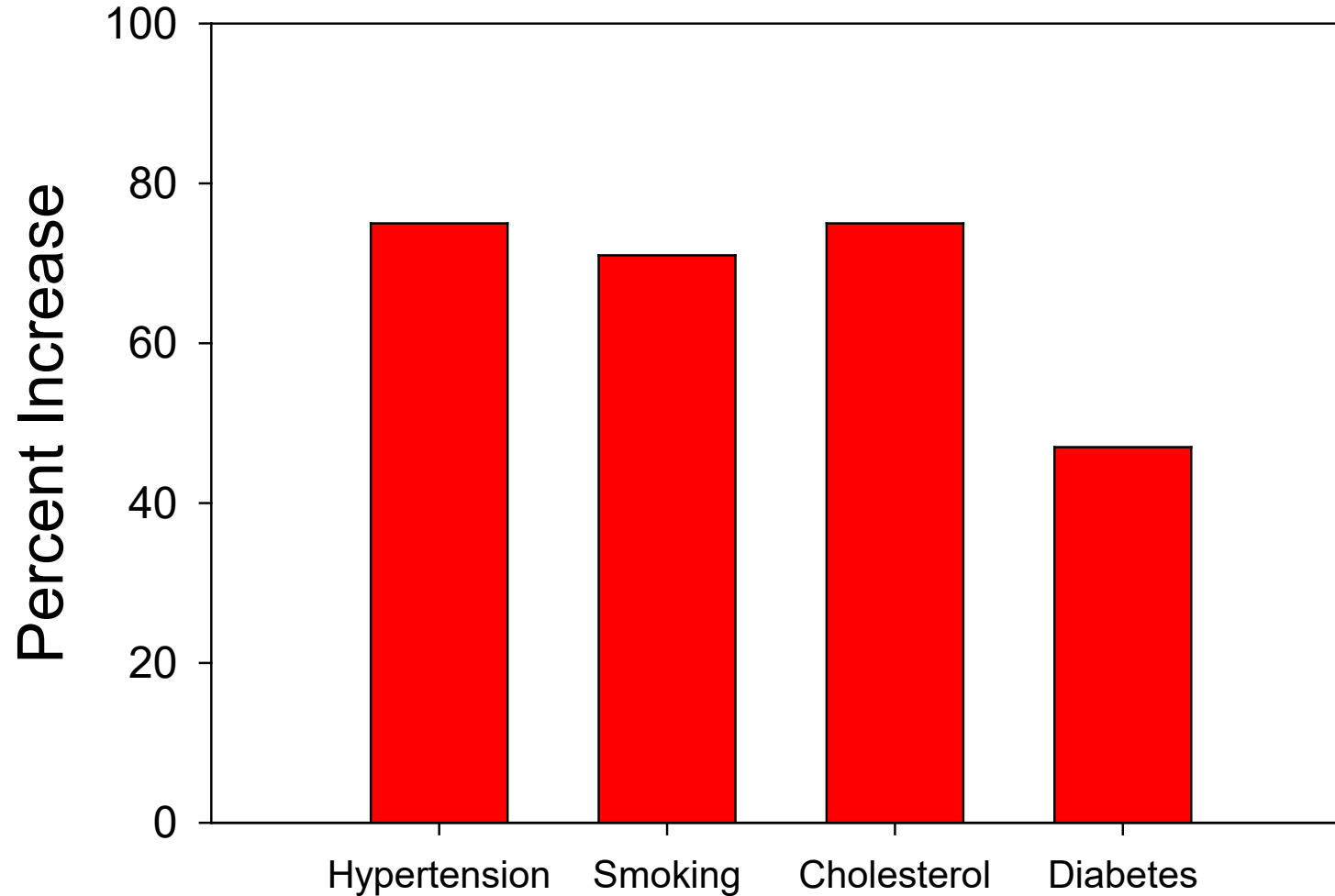


Caloric restriction

Compounds with properties that appear to slow aging

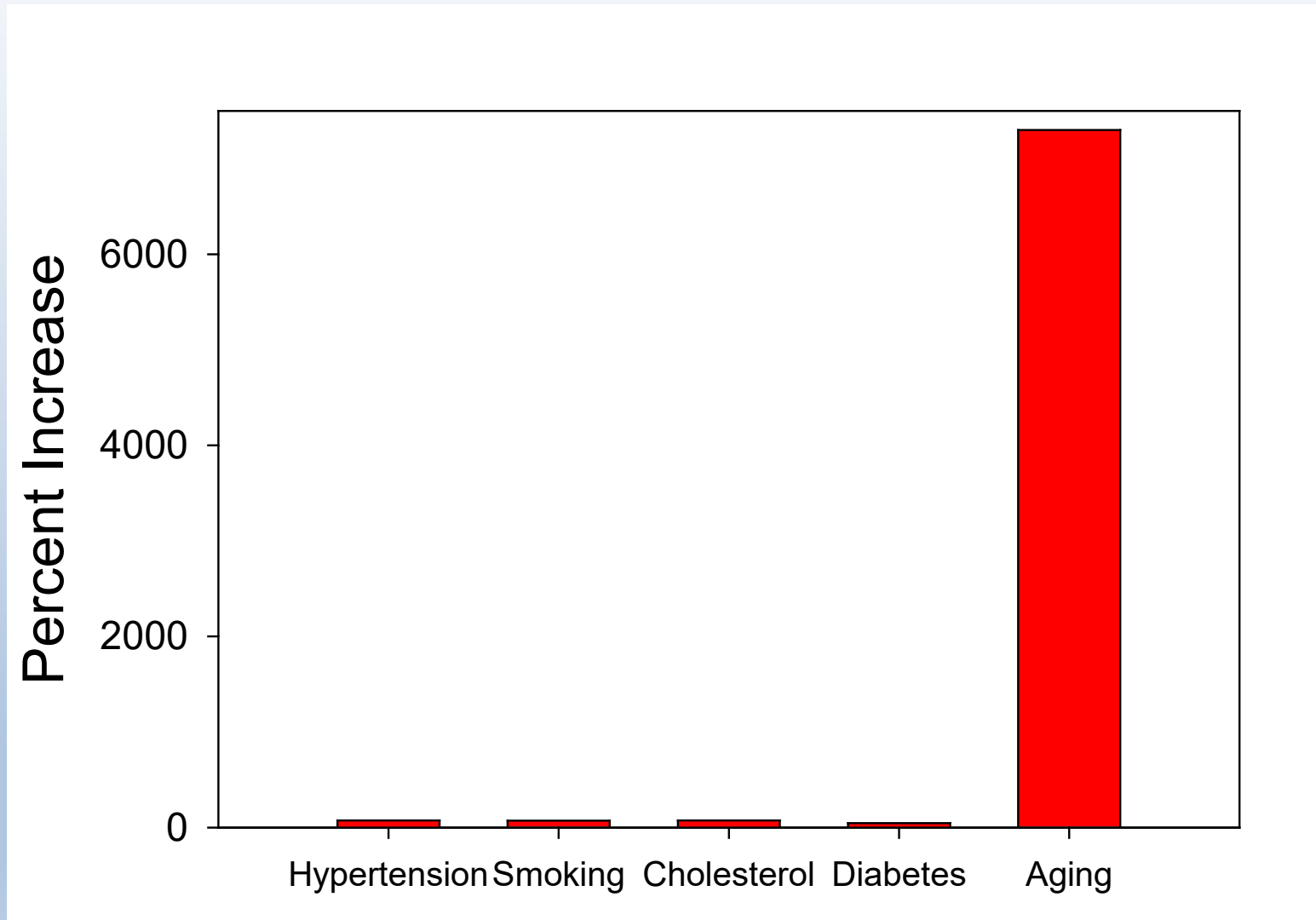


Risk Factors for Heart Disease



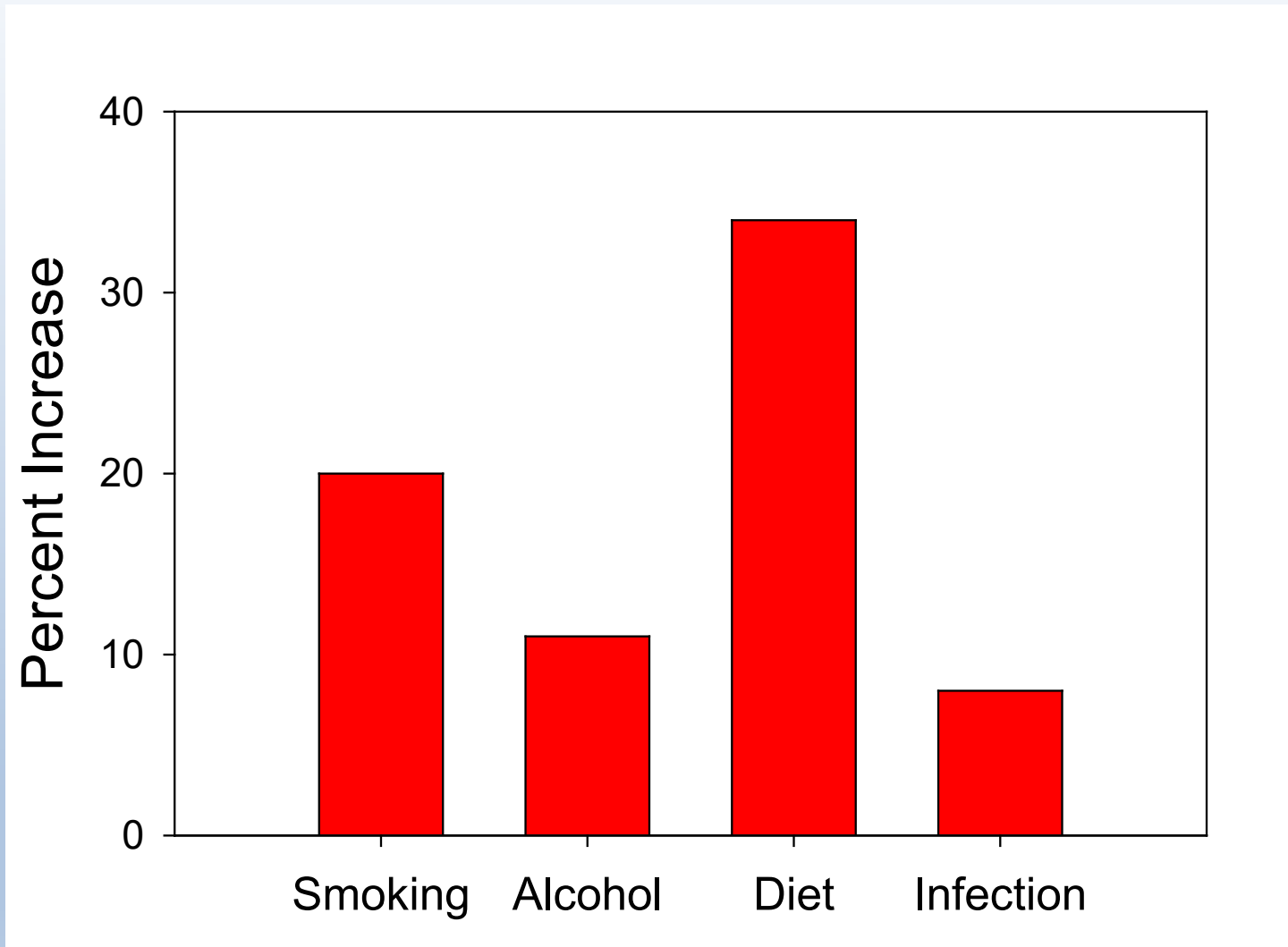
Source: Aging as a Risk Factor. Kochanek KD, Xu J, Murphy SL, Miniño AM, Hsiang-Ching K (2011). Deaths: Preliminary Data from 2009. *National Vital Stats. Rep.* (2009) 59(4):1-68. **Change 1999 – 2009 in Deaths from Selected Diseases** (comparison of data from Kochanek et al. (2011) Table 2 with Heron et al (2009) Table 9). Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B (2009). Deaths: Final data for 2006. *Natl Vital Stats. Rep.* 57(14):1-136. Interpreted as percentage increase in the risk of death for a specified disease independent of all other risk factors.

Risk Factors for Heart Disease



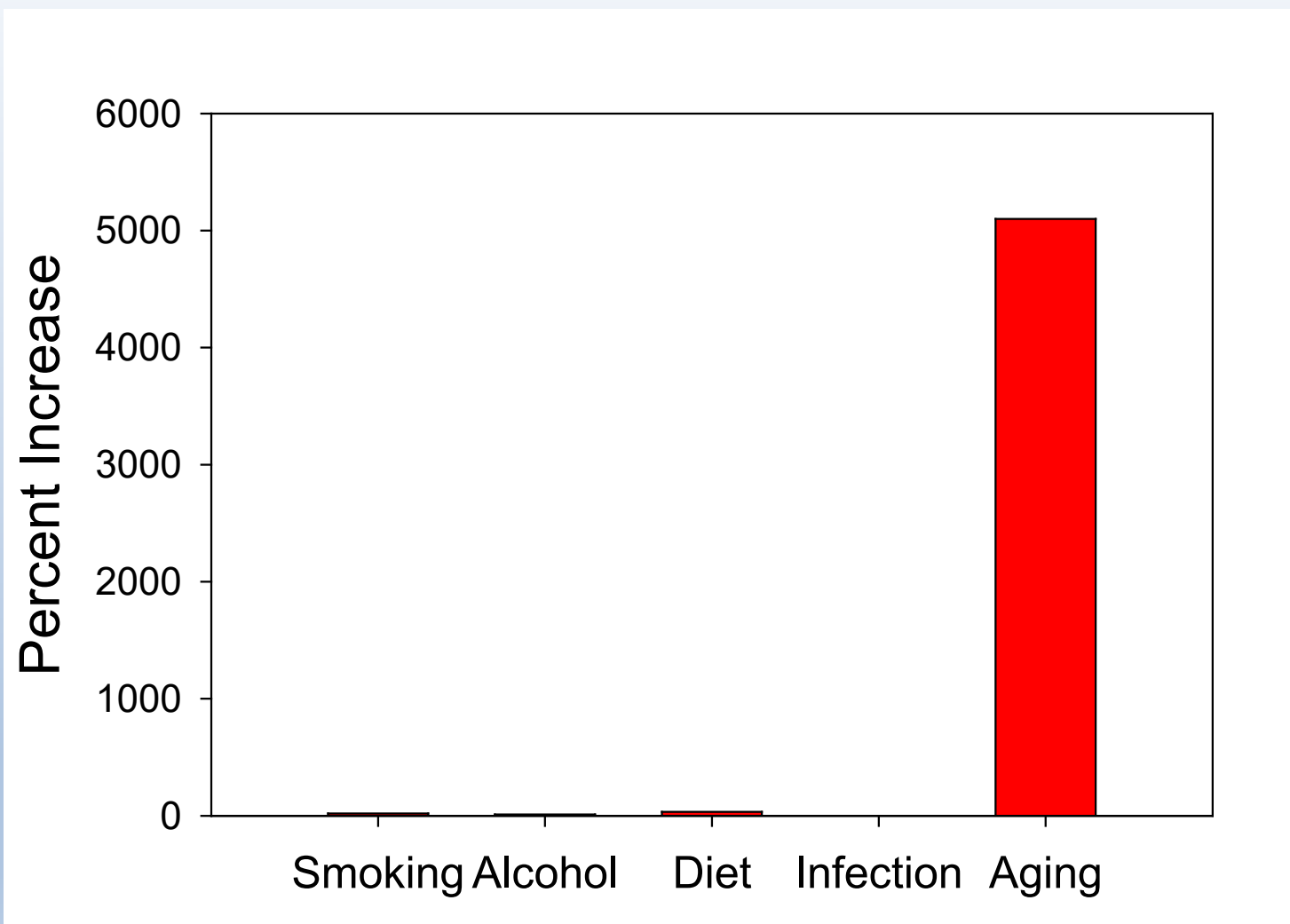
Source: Aging as a Risk Factor. Kochanek KD, Xu J, Murphy SL, Miniño AM, Hsiang-Ching K (2011). Deaths: Preliminary Data from 2009. *National Vital Stats. Rep.* (2009) 59(4):1-68. **Change 1999 – 2009 in Deaths from Selected Diseases** (comparison of data from Kochanek et al. (2011) Table 2 with Heron et al (2009) Table 9). Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B (2009). Deaths: Final data for 2006. *Natl Vital Stats. Rep.* 57(14):1-136.

Risk Factors for Cancer



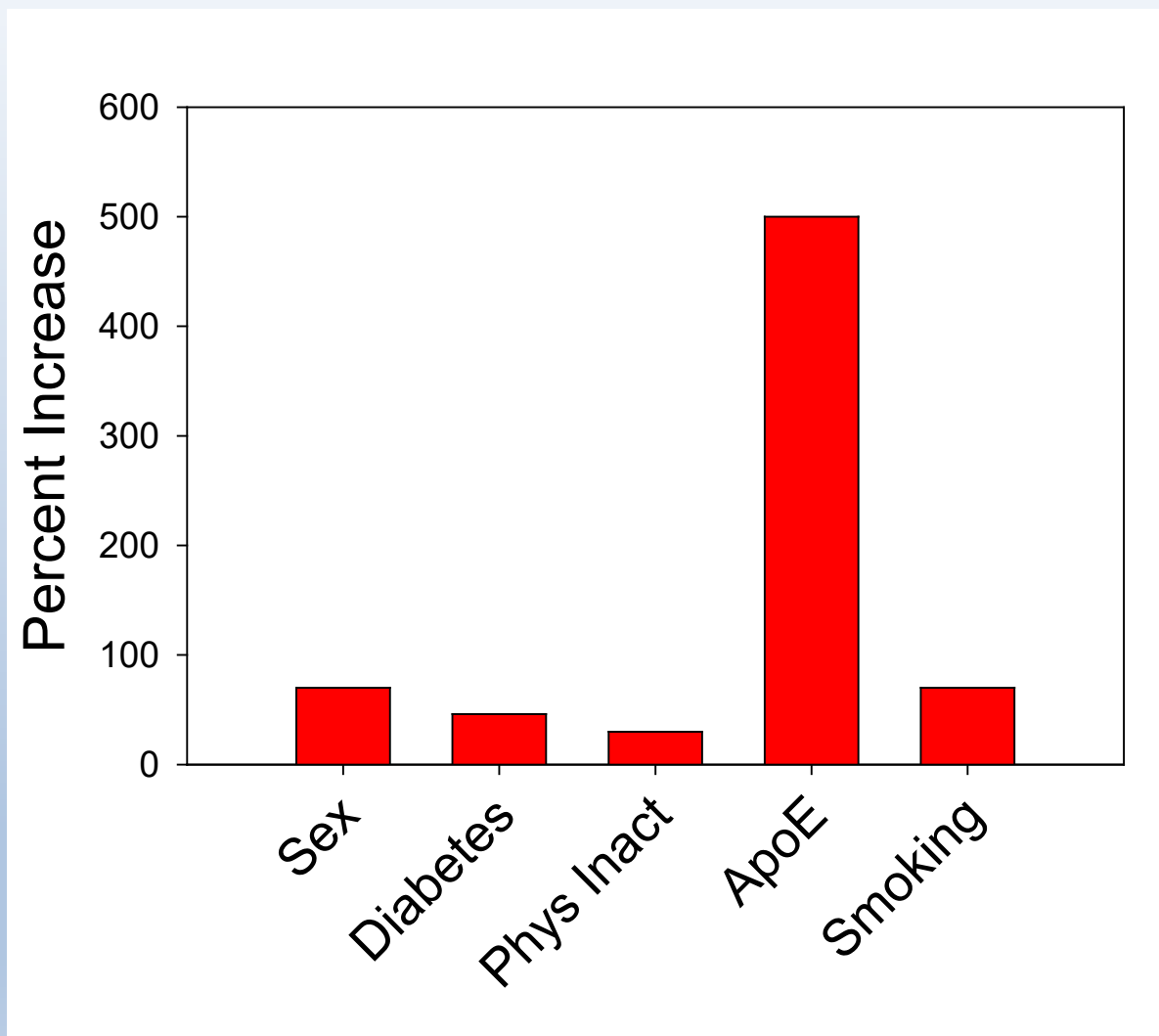
Source: Aging as a Risk Factor. Kochanek KD, Xu J, Murphy SL, Miniño AM, Hsiang-Ching K (2011). Deaths: Preliminary Data from 2009. *National Vital Stats. Rep.* (2009) 59(4):1-68. **Change 1999 – 2009 in Deaths from Selected Diseases** (comparison of data from Kochanek et al. (2011) Table 2 with Heron et al (2009) Table 9). Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B (2009). Deaths: Final data for 2006. *Natl Vital Stats. Rep.* 57(14):1-136.

Risk Factors for Cancer



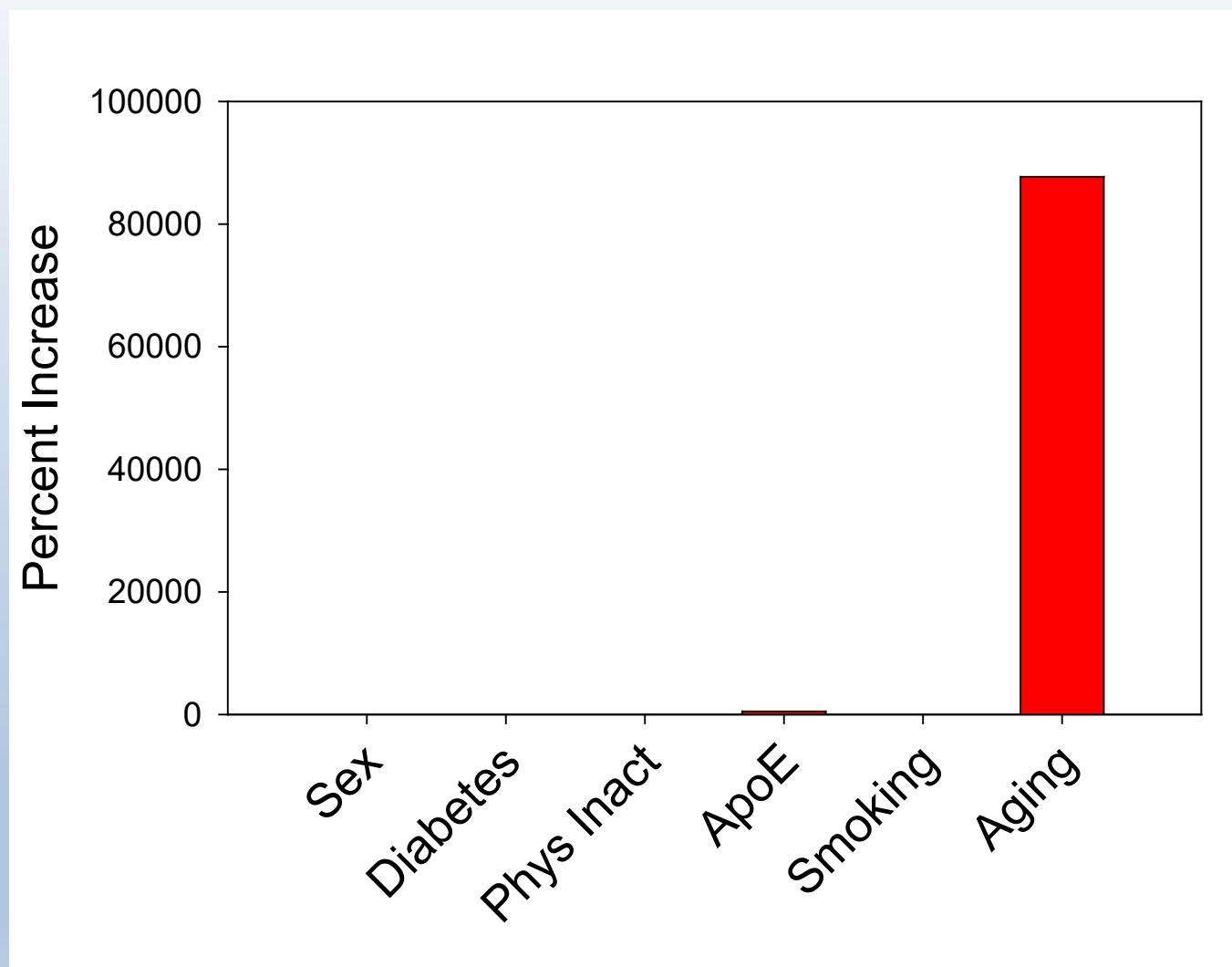
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Risk Factors for Alzheimer's Disease

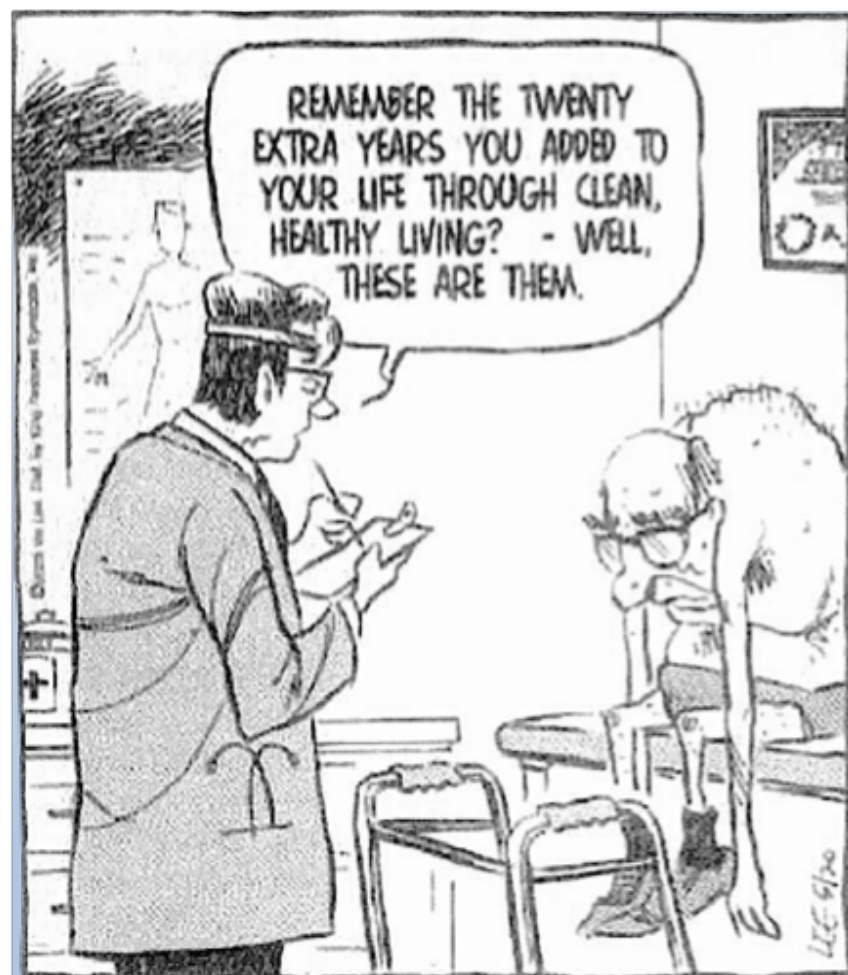


Source: Aging as a Risk Factor. Kochanek KD, Xu J, Murphy SL, Miniño AM, Hsiang-Ching K (2011). Deaths: Preliminary Data from 2009. *National Vital Stats. Rep.* (2009) 59(4):1-68. **Change 1999 – 2009 in Deaths from Selected Diseases** (comparison of data from Kochanek et al. (2011) Table 2 with Heron et al (2009) Table 9). Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B (2009). Deaths: Final data for 2006. *Natl Vital Stats. Rep.* 57(14):1-136.

Risk Factors for Alzheimer's Disease



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Facilitator

Jenny L. Boyer, MD, JD, PhD

Chair-Elect, AMA Senior Physicians
Section Governing Council

A stethoscope is positioned diagonally across the frame, resting on a heart rate monitor screen. The screen displays a white ECG line on a dark grid. The entire image is covered with a semi-transparent purple overlay. The text "Questions from Audience Members" is centered in white.

Questions from Audience Members

If you have questions, contact
Alice Reed, Group Manager,
AMA Senior Physicians Section

alice.reed@ama-assn.org



Physicians' powerful ally in patient care