



## **Brief history**

- ☐ Granville Stanley Hall (1844-1924) published the book "Senescence," a book on aging in 1922 (at age 79)
- □ By 1946, NIH established a research unit

  - ✓ National Institution on Aging (NIA)
    ✓ 1958: The Baltimore Longitudinal Study of Aging (BLSA)



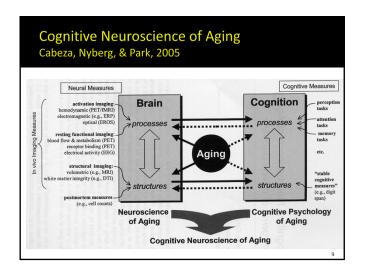
- □ By 1990s, several life-span studies proposed:
  - ✓ 1990: Rotterdam study
  - ✓ 1990: Berlin Aging study (Berliner Altersstudie, BASE)
  - √ 1992: The Australian Longitudinal Study of Ageing (ALSA)
  - √ 2007: Singapore Longitudinal Aging Brain Study (S-LABS)

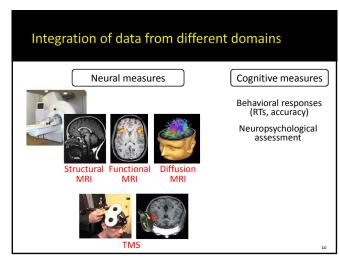
## The study of human aging:

- ☐ Gerontology ("study of old man" in Greek)
  - ✓ Scientific study of the aging process itself (e.g., physical, mental, and social changes ) and special problems of the aged.
- ☐ Geriatrics ("old-man healer" in Greek)
  - ✓ Area of specialization within the filed of medicine that deals with the study of the diseases and care of aged persons
- □ Neuroscience of aging
  - ✓ Scientific study of the relationship between neural changes and cognitive functions in the elderly

Level of analysis in neuroscience of aging **Behavior** Molecule Aging process

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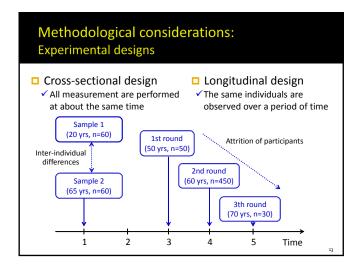
## Methodological considerations: Participants

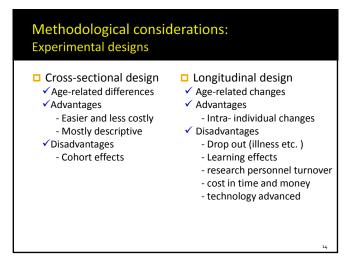
- □ Screening participants (for research on normal aging):
  - ✓ Separate the effects of aging from other factors
  - ✓ Collect demographic and relevant info about the participants:
    - General info: age, sex, education, marital status etc.
    - Medical history (e.g., smoking, alcohol, prescription drug etc.)
    - Hearing and/or vision
    - General cognitive abilities and dementia
      - -- Neuropsychological assessment (e.g., WAIS-R)
      - -- Mini-mental status exam (MMSE) or Montreal Cognitive Assessment (MoCA)
    - Depression and life style
    - Others: handedness, native language, fitness, diet etc.

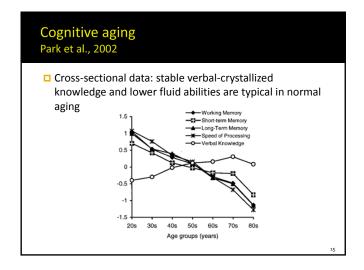
Methodological considerations: Participants

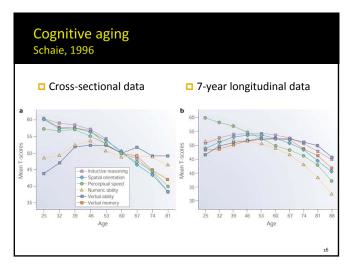
	Younger adults	Older adults	t
Demographics			
Age	$18.9 \pm 0.7$	$67.6 \pm 3.1$	57.5**
Education	$12.2 \pm 0.4$	$17.0 \pm 2.3$	7.7**
Male/female	5/9	4/10	
Neuropsychological tests			
MMSE <sup>a</sup>	$29.9 \pm 0.3$	$29.4 \pm 0.7$	-2.7*
WAIS-III vocabulary <sup>b</sup>	$62.6 \pm 6.0$	$68.0 \pm 5.3$	2.6*
WAIS-III digit symbol coding <sup>c</sup>	$91.9 \pm 13.9$	$61.6 \pm 13.3$	-5.9**
WAIS-III digit symbol pairing <sup>d</sup>	$16.0 \pm 3.3$	$11.1 \pm 4.9$	-3.1*
WAIS-III digit symbol recall <sup>e</sup>	$8.1 \pm 1.2$	$7.0 \pm 1.4$	-2.4*
WAIS-III digit span forward <sup>f</sup>	$11.8 \pm 2.5$	$11.6 \pm 2.2$	ns
WAIS-III digit span backward	$7.0 \pm 2.5$	$8.9 \pm 2.9$	ns
COWAT-FAS sum <sup>g</sup>	$46.1 \pm 11.4$	$47.2 \pm 12.9$	ns
USC-REMT free recall correct <sup>e</sup>	$32.5 \pm 5.1$	$25.4 \pm 5.2$	-3.4*
USC-REMT free recall repetitions <sup>e</sup>	$2.4 \pm 2.5$	$2.9 \pm 3.5$	ns
USC-REMT free recall intrusions <sup>c</sup>	$0.5 \pm 0.9$	$1.0 \pm 0.9$	ns
WJ-III word attack SS <sup>h</sup>	$92.6 \pm 8.3$	$101.1 \pm 2.7$	3.6*
WJ-III word identification SSh	$108.6 \pm 10.4$	$112.7 \pm 5.0$	ns

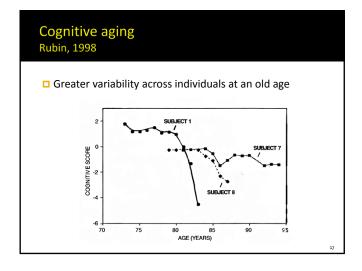
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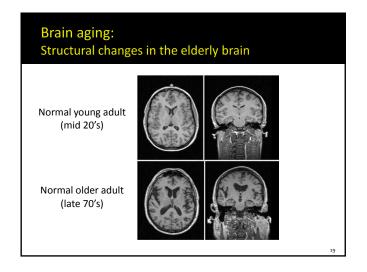


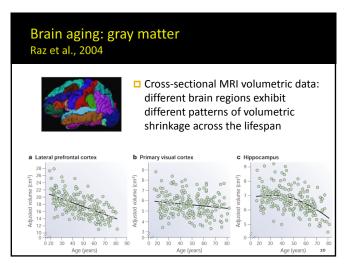


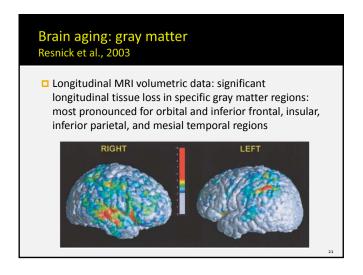


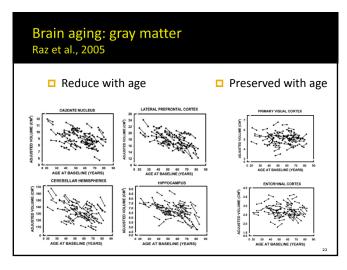


## Cognitive aging Summary □ Cognitive changes in adulthood are multidimensional Cognitive mechanics tends to decline with aging Includes speed and accuracy of processes Influenced by biology and heredity Reflect the neurophysiological architecture of the brain developed through evolution Cognitive pragmatics may improve with aging Reading, writing, and educational qualifications Professional skills and language comprehension Knowledge of self and life skills

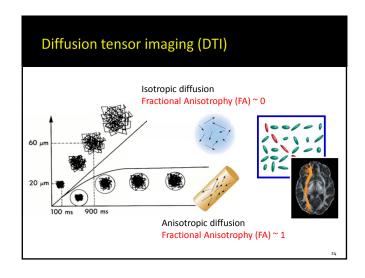


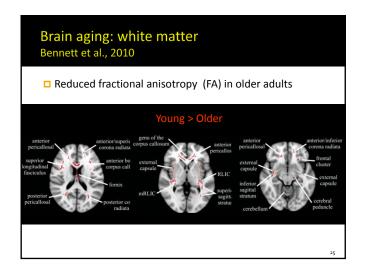


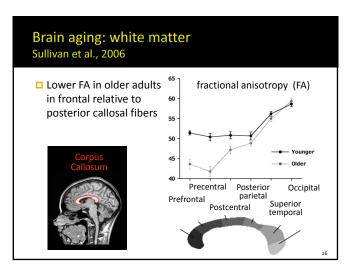


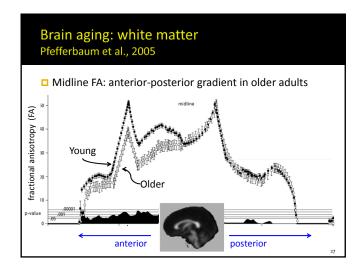


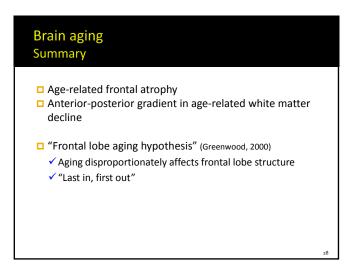
## Brain aging: white matter □ Measurement using diffusion tensor imaging (DTI) ✓ MR diffusion tensor imaging (DTI) is a non-invasive, in vivo method for characterizing the integrity of the microstructure of white matter fibers and cortical connectivity

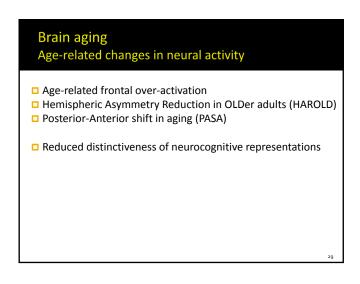


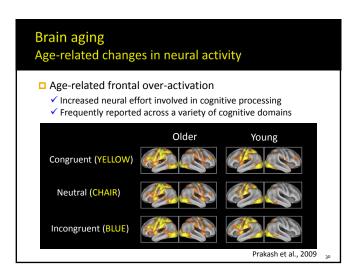


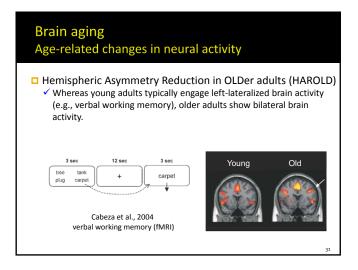


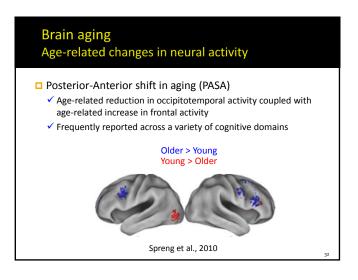




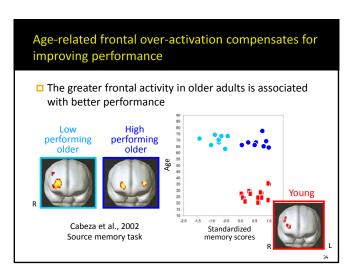


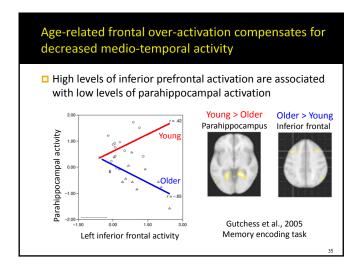


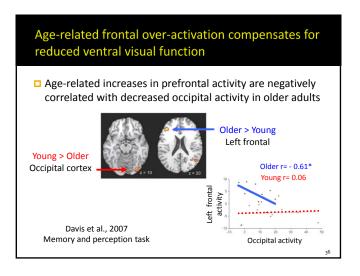


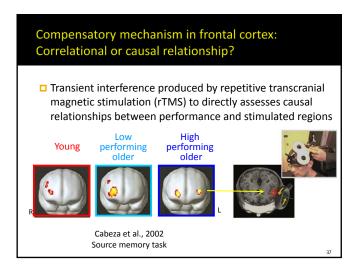


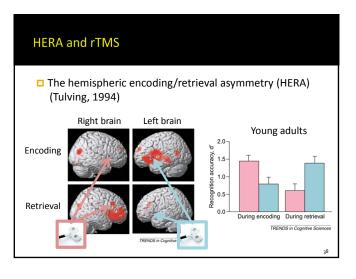
## Brain aging: Neural mechanisms of age-related frontal over-activation Greater frontal activity w/ age is typically interpreted as being compensatory Aging brain attempts to counteract neural decline by reorganizing its function Compensate for older adults' optimal behavioral performance

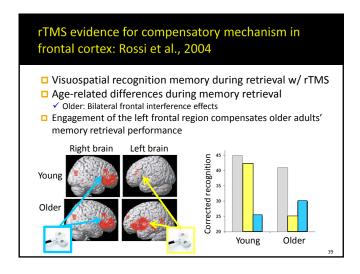




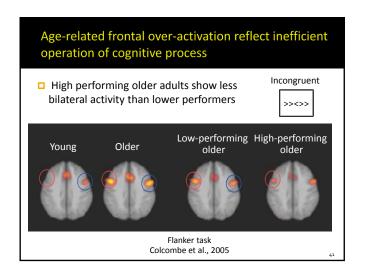


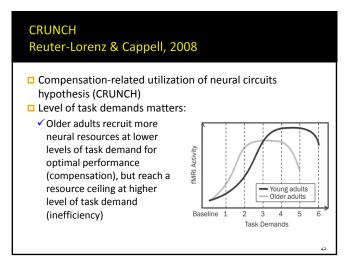


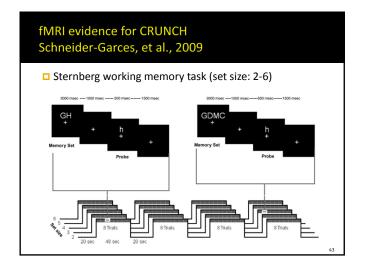


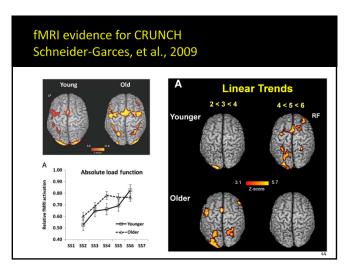


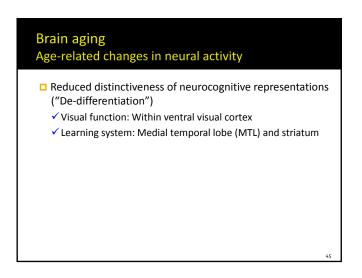
### Brain aging: Neural mechanisms of age-related frontal over-activation ☐ Greater frontal activity w/ □ Greater frontal activity w/ age could reflect inefficient age is typically interpreted as operation of cognitive being compensatory ✓ Aging brain attempts to counteract neural decline by ✓ Declined ability to efficiently reorganizing its function recruit cortical regions related ✓ Compensate for older adults' to the tasks optimal behavioral performance ✓ Interference and a major cause of some of the behavioral deficit observed in cognitive aging

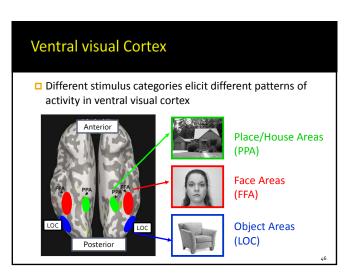


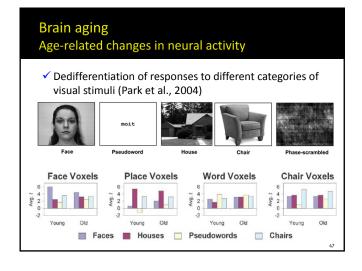


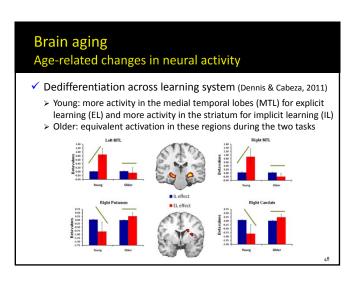


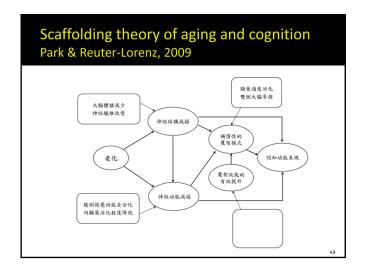


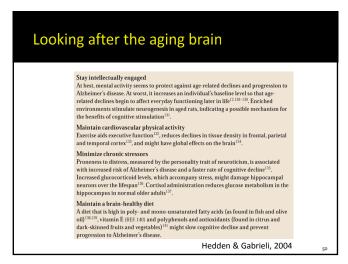


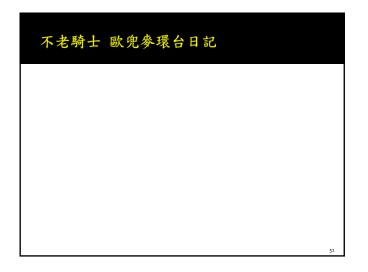


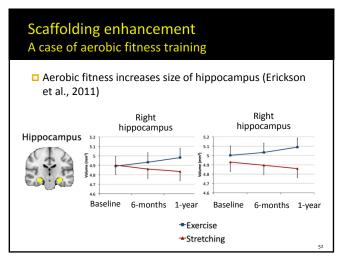




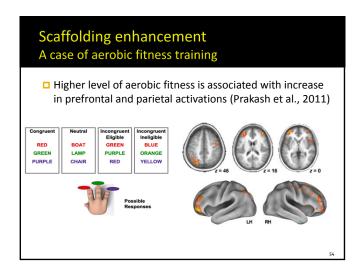








# Scaffolding enhancement A case of aerobic fitness training The beneficial impact of aerobic fitness on white matter integrity (Voss et al., 2012) The beneficial impact of aerobic fitness on white matter integrity (Voss et al., 2012) WALK STRETCH Residual % Change in Fitness



## **Conclusions**

- Cognitive changes in adulthood are multidimensional: decline and preserved
- Decreases in brain structure size and white matter integrity across the lifespan
- Functional brain ages in a dynamic way, declining in some respects but maintaining the ability to engage adaptive neural functions even in advanced age
- Pervasive increased frontal activation with age engages in compensatory scaffolding in response to the challenges posed by declining neural structures and function
- Scaffolding could be protective of cognitive function in the aging brain



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