



## **EHFG 2012: Slowing biological aging—US expert calls for investments in the “longevity dividend”**

*Slowing down biological aging should become the health care paradigm of the 21<sup>st</sup> century according to Prof Jay Olshansky, who spoke today at the European Health Forum Gastein. The US health expert said that by applying findings from biogerontology, it is realistically achievable to add seven years of healthy life and reduce pressure from increased dependency on nursing care and other consequences of shifting demographics. He argued that earmarked budgets for such efforts would pay off.*

**Bad Hofgastein, 4 October 2012** – It is not the number of years we have lived that determines how old we are but rather our physical condition. “Measures that can delay the biological process of aging should be given top priority. Slowing biological aging must become the health care paradigm of the 21st century,” Prof Jay Olshansky from the School of Public Health at the University of Illinois in Chicago told the European Health Forum Gastein (EHFG). The US researcher suggested a new strategy to address effectively the greater dependency on nursing care and other potentially negative consequences of the steady rise in life expectancy: “We must find out why biological changes occur that impair our health as we age and then make the necessary interventions. That would be more efficient than what is usually done now, namely tackling diseases and disorders individually as if they had no common cause.”

### **Biogerontologists search for ways of delaying the aging process**

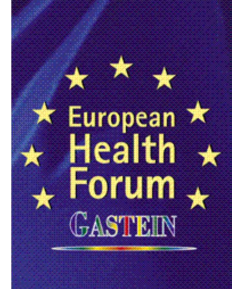
Biogerontology is a discipline that focuses on the scientific study of aging processes in humans. Current findings in this field show that aging processes can in fact be delayed. New research in genetics and comparative biology confirm the major similarities of the aging process in animals and humans. This finding, in turn, provides crucial evidence in the search for interventions for delaying aging. Prof Olshansky: “In the meantime, biogerontologists have progressed far beyond merely describing cellular aging, cell death, and the role of free radicals or telomere shortening. They are in a position to manipulate molecular machinery and cell functions. These recent scientific breakthroughs have nothing in common with the claims of entrepreneurs selling alleged anti-aging interventions they say can slow, stop, or reverse human aging. No such verified therapies or products yet exist.”

### **Living a healthy life longer**

But there are a number of new insights. For instance, the assumption that aging is an immutable process programmed by evolution has now been proven to be wrong. Our knowledge of how, why, and when aging processes take place has progressed so much in recent decades that many scientists now believe that people alive today could benefit from advances in this line of research if sufficiently promoted. Prof Olshansky: “The science of aging has the potential to do what no drug, surgical procedure, or behavior modification can do – extend our years of youthful vigor and simultaneously postpone all of the costly diseases and disorders expressed at later ages.”

### **Health economic benefits**

The health expert referred to the set of social, economic, and health bonuses both for individuals and entire populations as the “longevity dividend”. Prof Olshansky: “An extension



of our years of healthy vigor also means that people work longer, have more income and savings, that there is less pressure on age-entitlement programs and less spent on sick care and on nursing care for older people.”

### **Seven more healthy years**

The prerequisites for slowing aging already exist today. Prof Olshansky at the EHFG: “Research is already underway on technical means to intervene in the biological processes of aging. We must ensure that the resulting interventions become widely available.” The expert said he envisions a goal that is realistically achievable: a modest deceleration in the rate of aging sufficient to delay all aging-related diseases and disorders by about seven years. He went on to say: “Such a delay would yield greater benefits in the health sector than what would be achieved with the elimination of cancer or heart disease.”

To win back seven years of healthy life would entail greater investment in corresponding research. Prof Olshansky: “But with the mammoth investment already committed in caring for the sick as they age, the pursuit of the longevity dividend would be modest by comparison.” He added that because a healthier, longer-lived population will add significant wealth to the economy, an investment in the longevity dividend would likely pay for itself. The US expert called for part of the public health budget to be earmarked for this line of research.

### **Cost pressure from age-related diseases**

Prof Olshansky said it was obvious that new approaches have to be taken to deal with shifting demographics. He then elaborated citing dementias as an example: “The number of Americans stricken with Alzheimer will rise from 4 million today to as many as 16 million by 2050. This means there will be more people with AD in the US by 2050 than the entire current population of Australia. Globally, AD prevalence is expected to rise to 45 million by 2050, with three of every four AD patients living in a developing nation. Twelve million people in this latter group will be living in Europe. By 2050, more than \$1 trillion will be spent annually on AD in the US. Besides Alzheimer, cardiovascular disease, diabetes, cancer, and problems that increase with age siphon away large parts of the health care budget. In China and India the elderly will outnumber the total current US population by mid-century.”

The EHFG is the most important conference on health care policy in the European Union. In this its 15<sup>th</sup> year, the EHFG attracts more than 600 decision-makers from 45 countries to discuss major topics on the future of the European health care system from 3 to 6 October 2012.

Please find photos of the European Health Forum Gastein using this link: <http://www.ehfg.org/940.html>.

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