



Kidney Health in Aging
and Aged Societies
JSN/ERA Symposium
Collaboration with JSDT

京都
Kyoto
Japan



Altern und Niere: Facts and Fictions

Univ.-Prof. Dr. Danilo Fliser



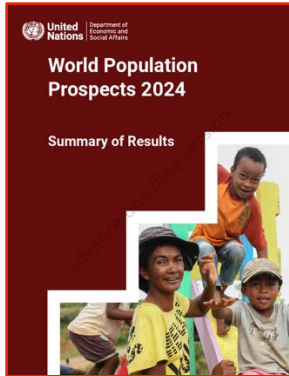
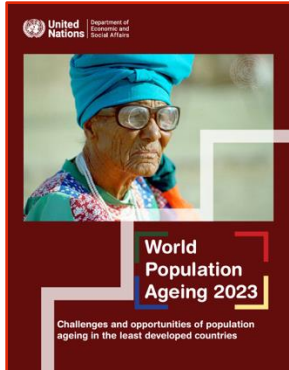
nature reviews
nephrology

September 2024

Focus: Kidney health in the ageing world

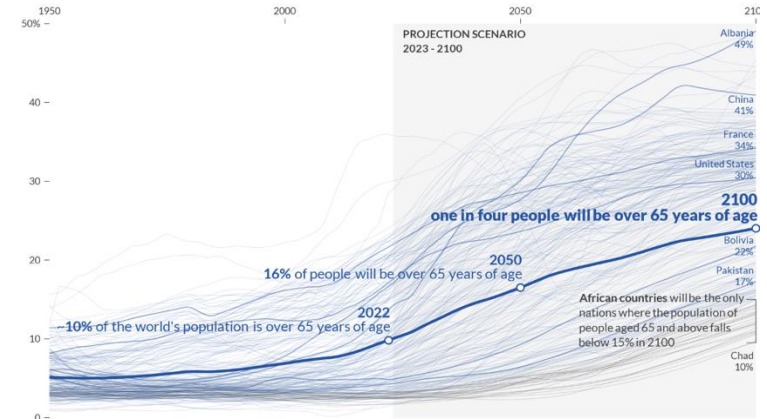
<https://www.nature.com/collections/nrneph-ageing>

Projections on ageing



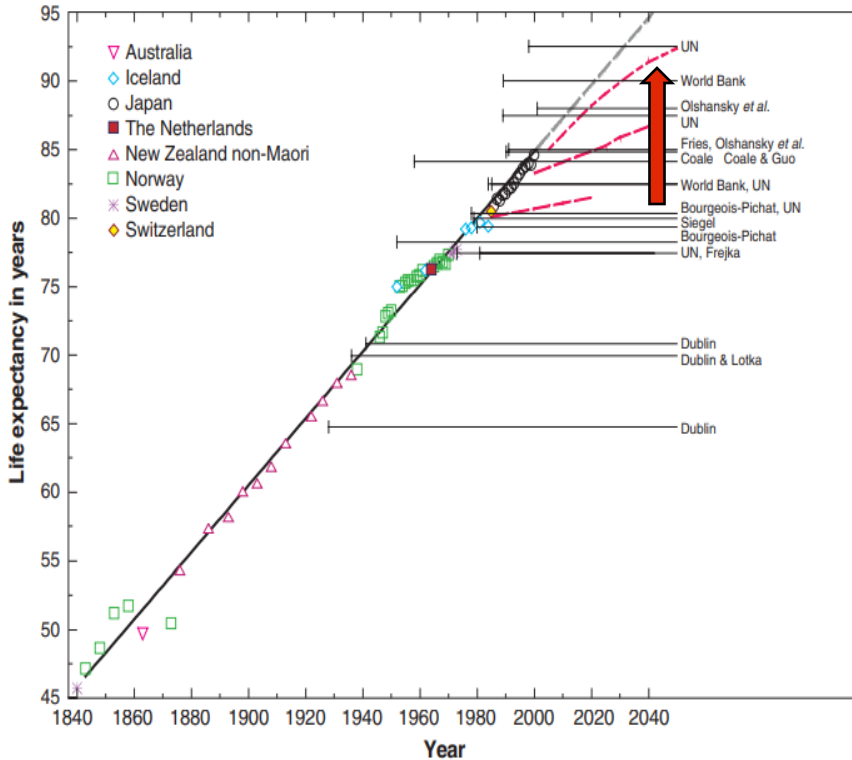
By the end of the Decade of Healthy Ageing (2030), the number of **people aged >60 years** will increase to 1.4 billion, by **2050 to 2.1 billion**. In 2020, for the first time in history, people aged >60 years outnumbered children <5 years, by 2050 they will outnumber adolescents and young people aged 15-24 years

The pace of population ageing is accelerating





Broken limits to life expectancy

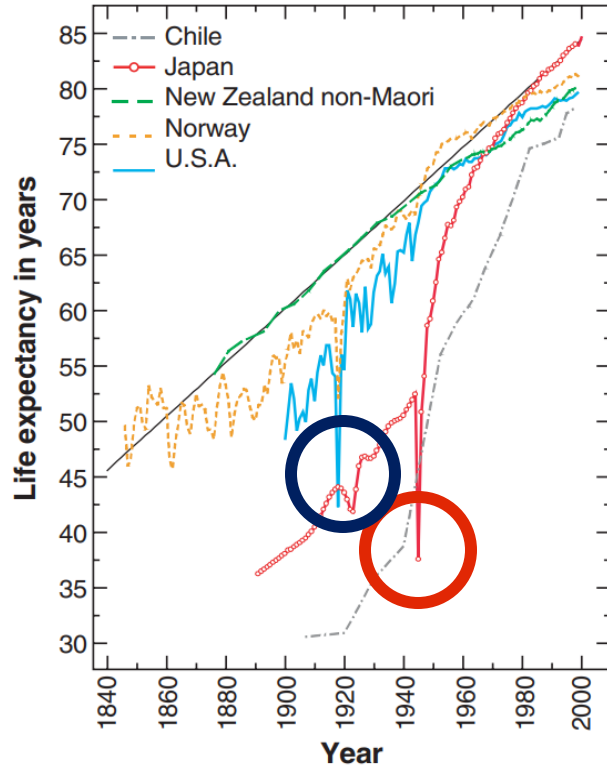


Female life expectancy from 1840 to the present:

- bold black line: linear-regression trend
- dashed gray line: extrapolated trend
- horizontal black lines: asserted ceilings on life expectancy
- short vertical line: year of publication
- dashed red lines: projections of female life expectancy in Japan published by the UN in 1986, 1999, and 2001



Broken **limits** to life expectancy

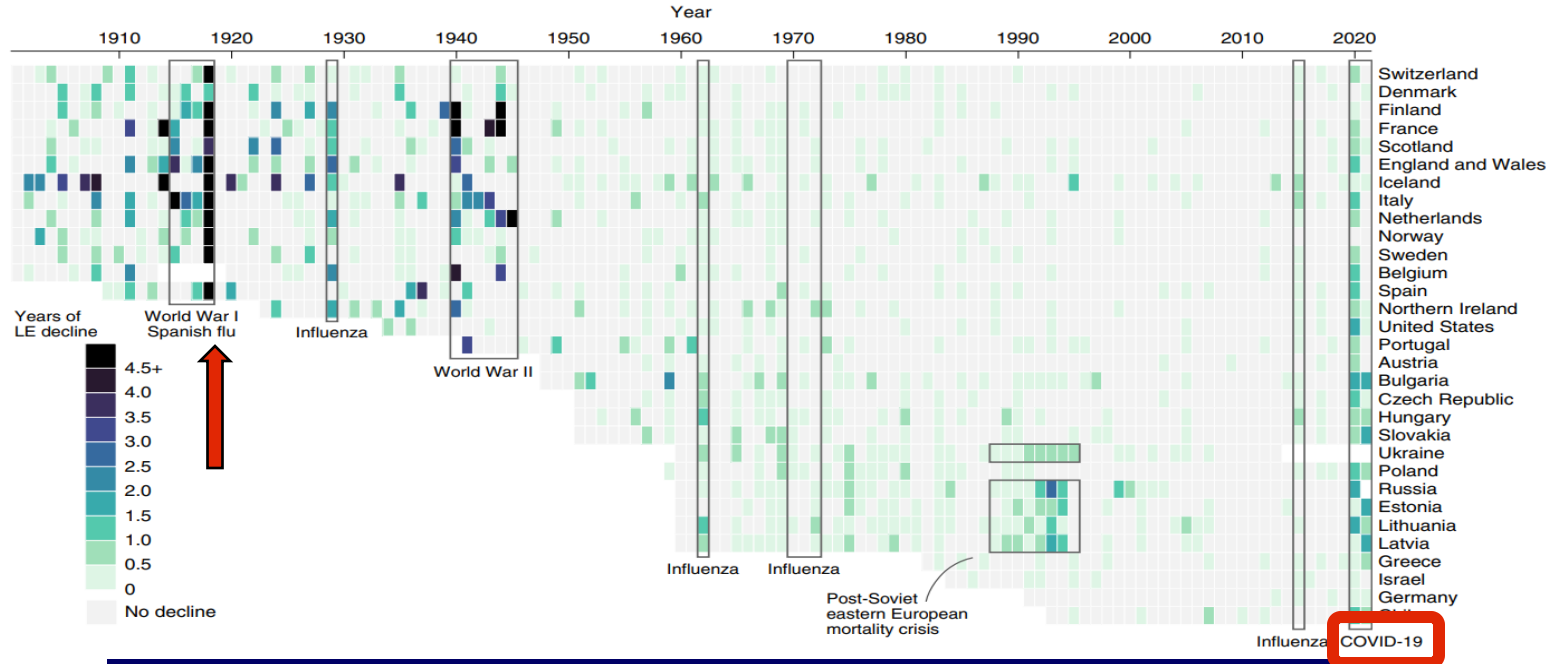


Female life expectancy in Chile, Japan, New Zealand, Norway, and the United States compared with the trend in record life expectancy

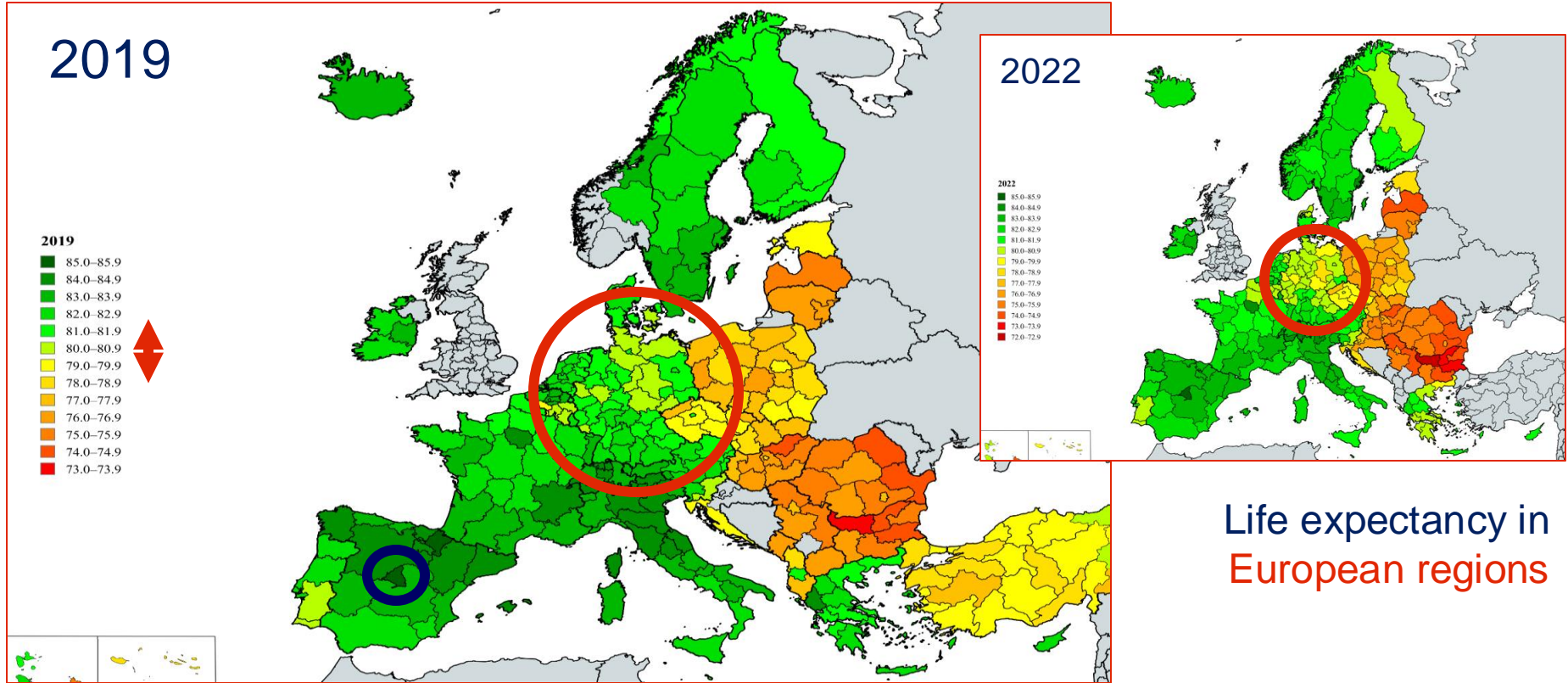
The apparent leveling off of life expectancy in various countries is an artifact of laggards catching up and leaders falling behind. For 160 years, life expectancy has steadily increased by a **quarter of a year per year**, an extraordinary constancy of human achievement

Broken limits to life expectancy

Period **shocks** to LE due to wars and epidemics (green vertical bands) across countries, momentarily disrupting the **dominant trend of LE improvements** (grey)



Life expectancy – facts & fiction



Broken **limits** to life expectancy

Die Wahrheit von heute ist der Irrtum von morgen

Today's truth is tomorrow's error

今日の真実は明日の間違いになる

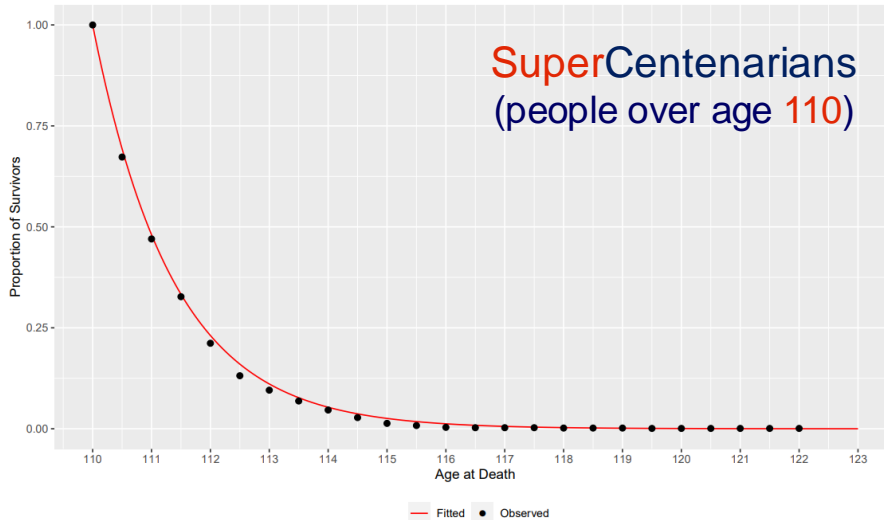
Jakob von Üxküll

1864-1944

Founder of the “Hamburg Institute for
Environmental Research”, and forerunner of
modern behavioral research

Broken **limits** to life expectancy

Probabilistic forecasting of **maximum human lifespan**
by **2100** using Bayesian population projections

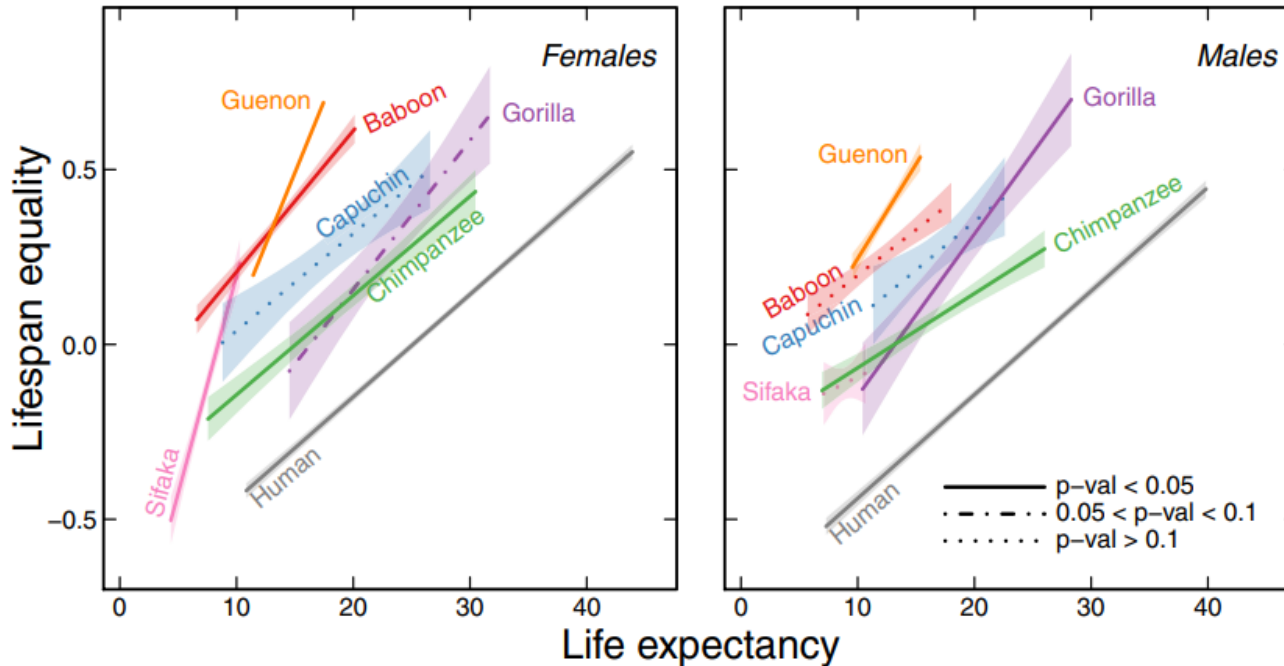


Based on the Bayesian analysis, there is a **>99%** probability that the current **Maximum Reported Age at Death of 122** will be broken by **2100**

Probabilities that a person lives to at least age 126, 128, or **130** this century, are 89%, 44%, and **13%**, respectively

Life expectancy – facts & fiction

The life expectancy-lifespan equality landscape



The "invariant rate of ageing" hypothesis – the rate of ageing is relatively fixed within species – was tested in datasets of 7 genera of primates for both sexes

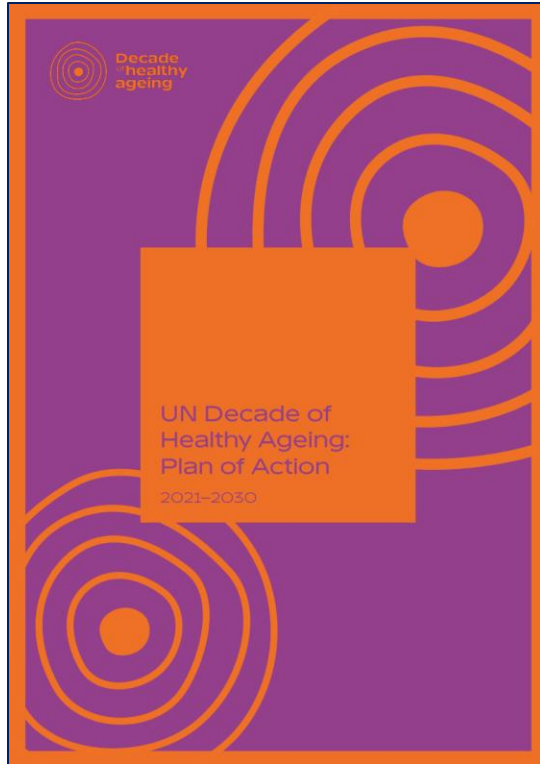
Life expectancy – facts & fiction

In historical populations mortality improvements for infants, and **improvements in age-independent mortality**, were the central contributors to the decades-long trend towards longer human life expectancies and greater lifespan equality. These improvements were largely the **result of environmental influences including social, economic, and public health advances**

It remains to be seen if **future advances in medicine** can overcome the biological constraints and achieve what evolution has not



Add life to years

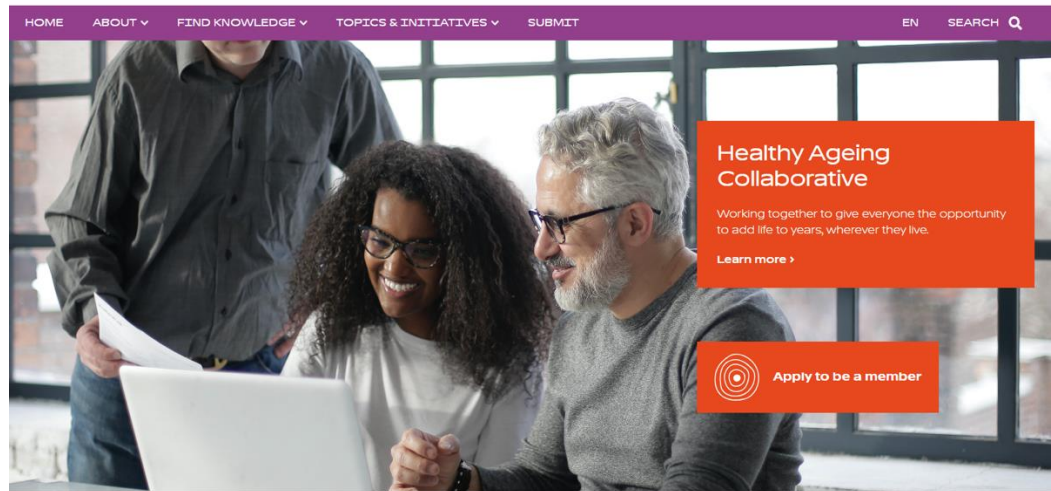


The Healthy Ageing Collaborative



Decade of healthy ageing The Platform

Share your knowledge



The Healthy Ageing Collaborative: working together to give everyone the opportunity to add life to years, wherever they live

Defining healthy ageing

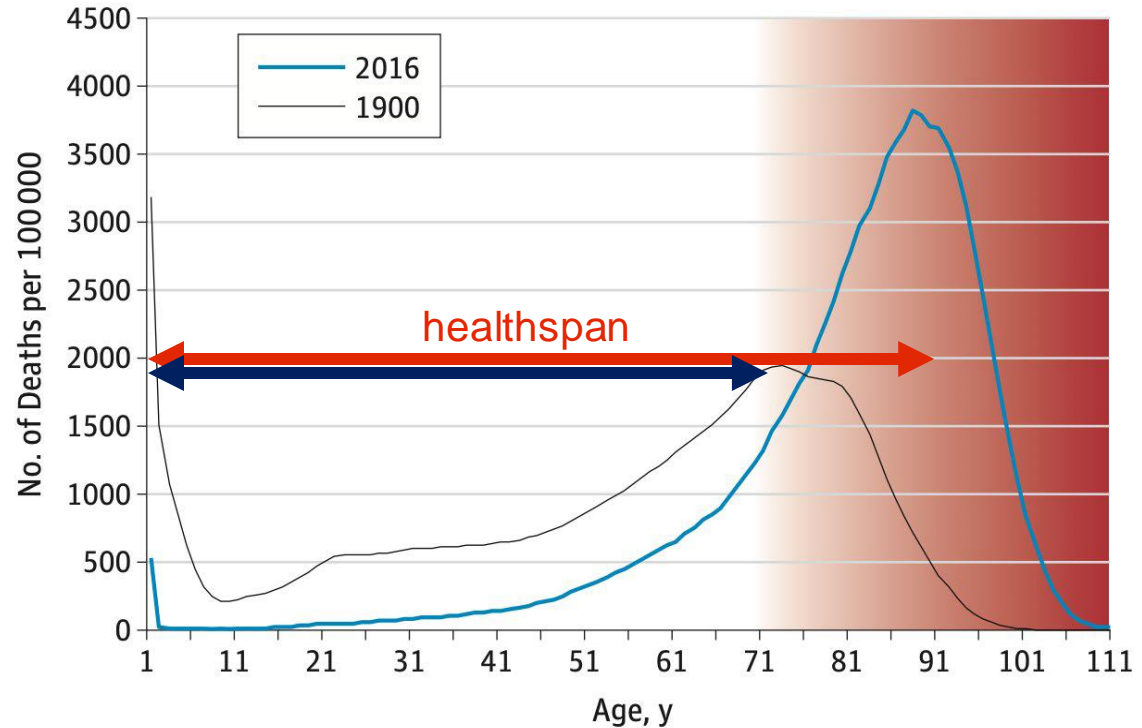
Healthy ageing is developing and maintaining the **functional ability**, i.e. the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between them. Healthy ageing enables older people to remain a resource to their families, communities and economies

Globally, life expectancy (LE) increased from **66.8** to **73.4** years between 2000 and 2019. **Healthy life expectancy (HALE)** increased from 58.3 to 63.7 years, **due to declining mortality** rather than reduced years lived with disability. The increase in HALE has not kept pace with the increase in life expectancy (**5.4** vs. **6.6** years)



From lifespan to healthspan

The goal of aging science is to **delay and compress the red zone** by preventing or managing the results of chronic diseases (*such as CKD**)



data from Human Mortality Database
<https://www.mortality.org/>



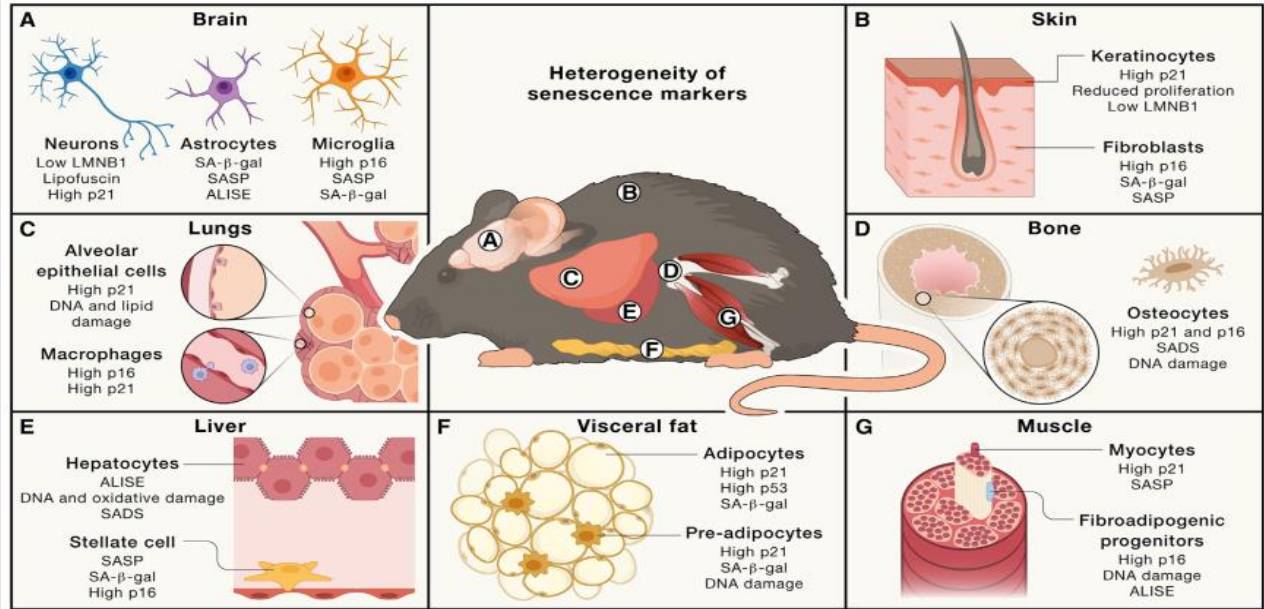
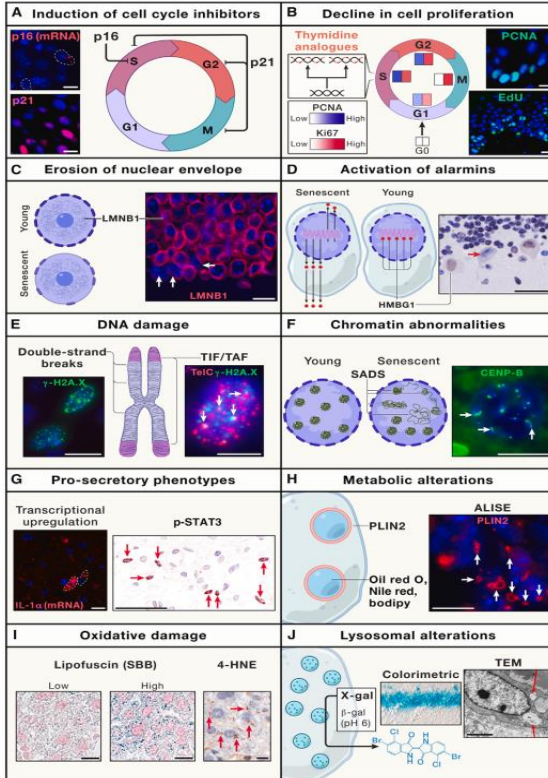
Ageing – facts & fiction

Senolytics – a class of drugs that selectively clear senescent cells



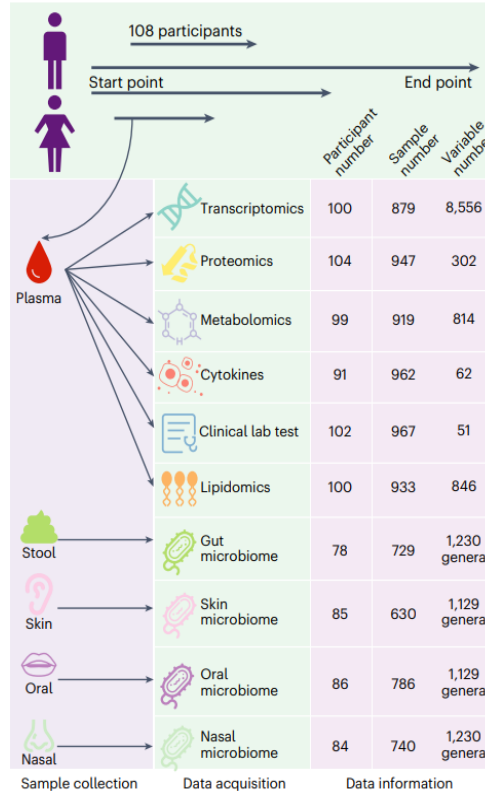
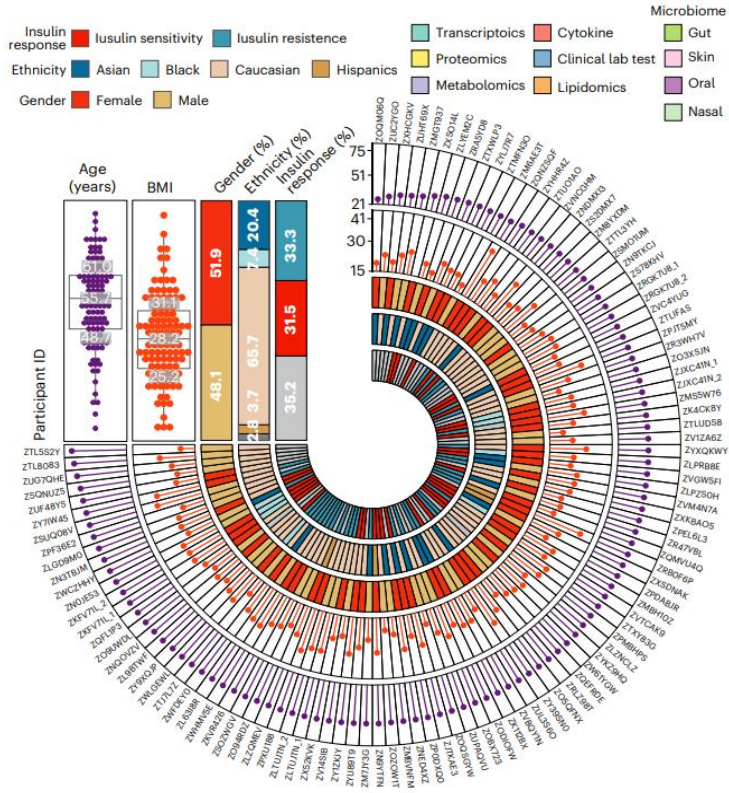
Ageing – facts & fiction

Guidelines for minimal information on cellular senescence experimentation in vivo





Ageing – facts & fiction

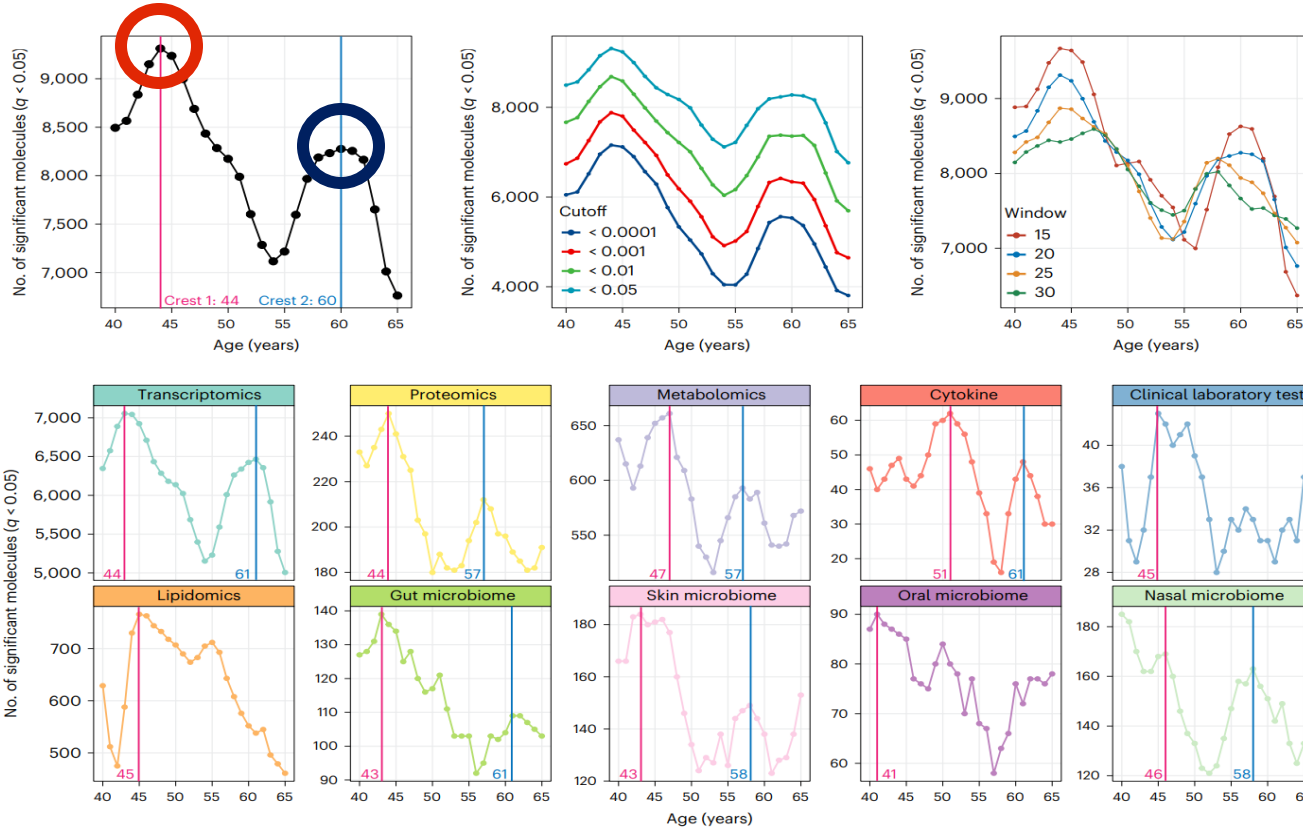


Nonlinear dynamics
of multi-omics profiles
during human aging

Longitudinal human cohort
of **108** participants, aged
between **25** and **75** years
with a maximum follow-up
of **6.8** years



Ageing – facts & fiction





BLUE ZONES – facts & fiction

"The Secrets of a Long Life"

BLUE ZONES

Blue zones are regions where a higher than usual number of people live much longer than average. There are five blue zone areas in the world.

Blue zone life lessons

- Move naturally
- Right tribe
- Right outlook
- Eat wisely

OKINAWA diet – facts & fiction



Why the traditional Okinawan diet is the recipe for a long life

This **plant-based, anti-inflammatory diet** boosts health and promotes a longer life, all while protecting the planet.

By Stacey Colino
August 14, 2024



What is the Okinawa diet? Experts share the benefits, risks, and foods to try

The **low-calorie, high-carb diet** may boost longevity

BY MEGUIRE HENNES | PUBLISHED: 30 AUGUST 2024



The beautiful region with the world's best diet and a long life expectancy

A stunning region has the world's **healthiest diet** and many of its residents live to over 100 years old.

By ESTHER MARSHALL, Senior Travel Reporter
12:28, Sun, Apr 28, 2024 | UPDATED: 12:43, Sun, Apr 28, 2024

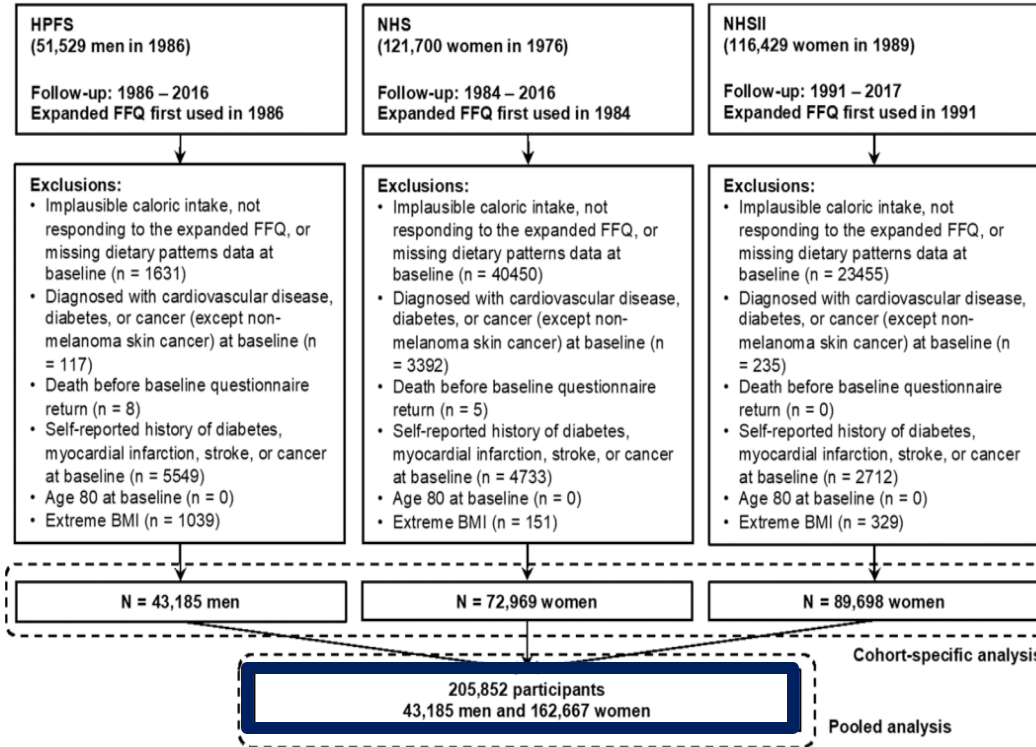


Longevity and diet in Okinawa, Japan: the past, present and future

Okinawa, Japan's poorest prefecture, previously had the highest longevity indices in the country. However, the latest life expectancy at birth for men in Okinawa is no higher than the national average

In 1990, in Okinawa, the age-adjusted death rates of the three leading causes of death were lower than their national averages. By 2000, the standard mortality ratios of heart disease and cerebrovascular disease for both sexes in Okinawa had increased, compared to their 1990 levels. Consequently, the national ranking of Okinawa prefecture for life expectancy at birth of men has dropped. By 1998, daily meat intake and fat energy ratio had surpassed 100 grams and 30%, respectively, and daily intake of pulses and green and yellow vegetables had declined to the level of the national average

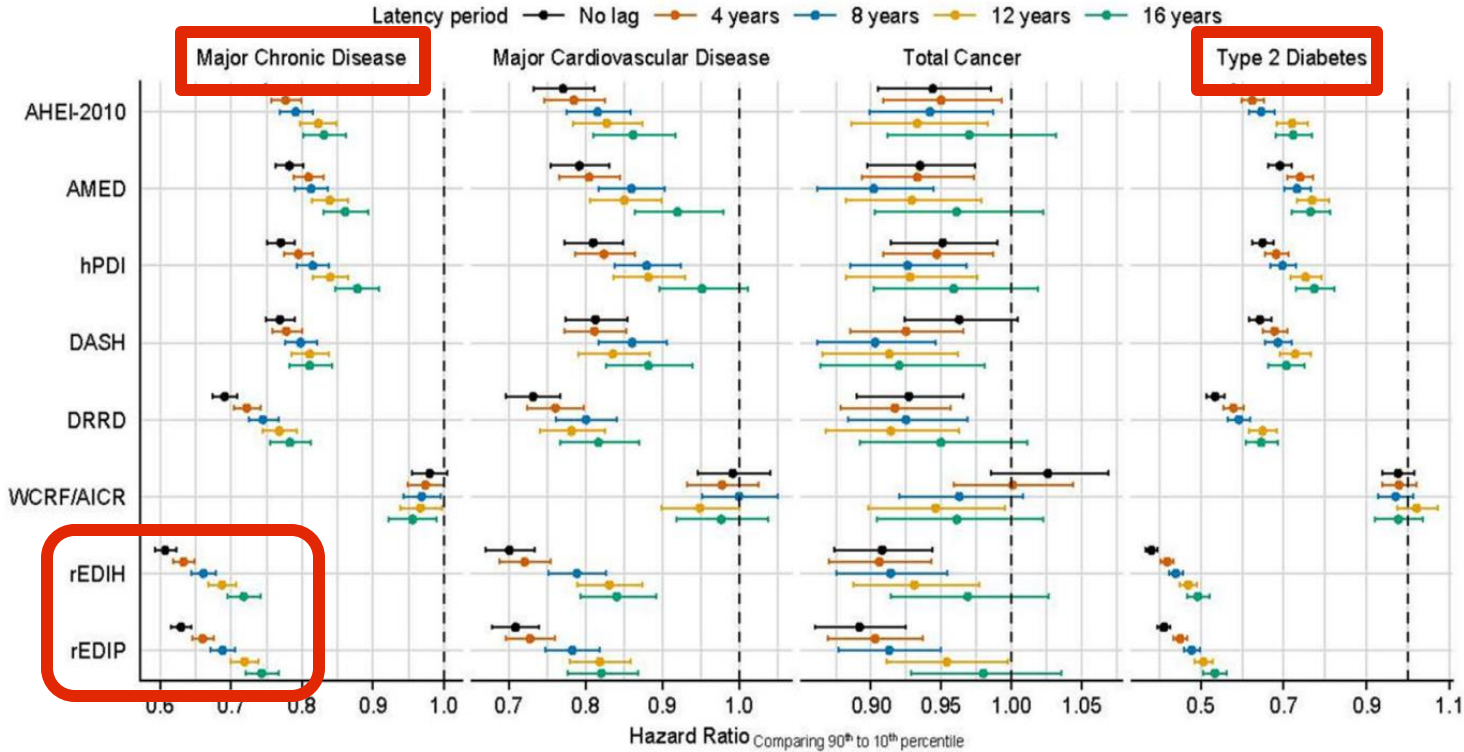
Diet & longevity – facts & fiction



205,852 healthcare professionals from 3 US cohorts prospectively followed for up to **32 years**; 2 diets mechanism-based and 6 based on dietary recommendations

Composite outcome of incident major CV disease, type 2 diabetes, and cancer; **adherence to a healthy diet was generally associated with a lower risk of major chronic disease (HR 0.58-0.80)**

Diet & longevity – facts & fiction



Alternate
MEDiterranean Diet

Dietary Approaches
to Stop Hypertension
Diabetes Risk
Reduction Diet

Diet & longevity – facts & fiction

Participants with **low insulinemic*** (HR=0.58), **low inflammatory**** (HR=0.61) or **diabetes risk-reducing** (HR=0.70) diet had the largest risk reduction for incident major CVD, type 2 diabetes and cancer as a composite and individually. Similar findings were observed across gender and diverse ethnic groups

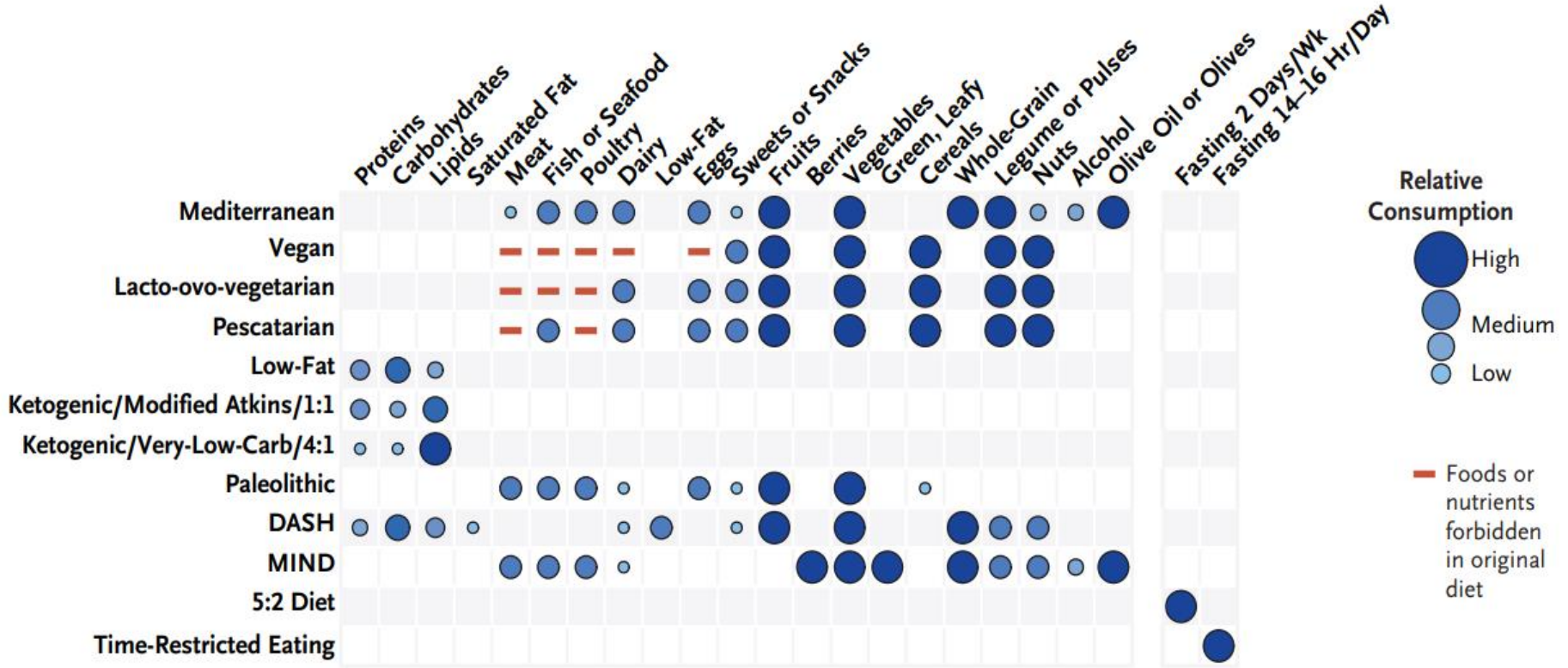
*reversed empirical dietary index for hyperinsulinemia (rEDIH)

**reversed empirical dietary inflammatory pattern (rEDIP)

These results suggest that dietary patterns associated with markers of hyperinsulinemia and inflammation and diabetes development may inform on future dietary guidelines for **chronic disease prevention (also CKD?)***

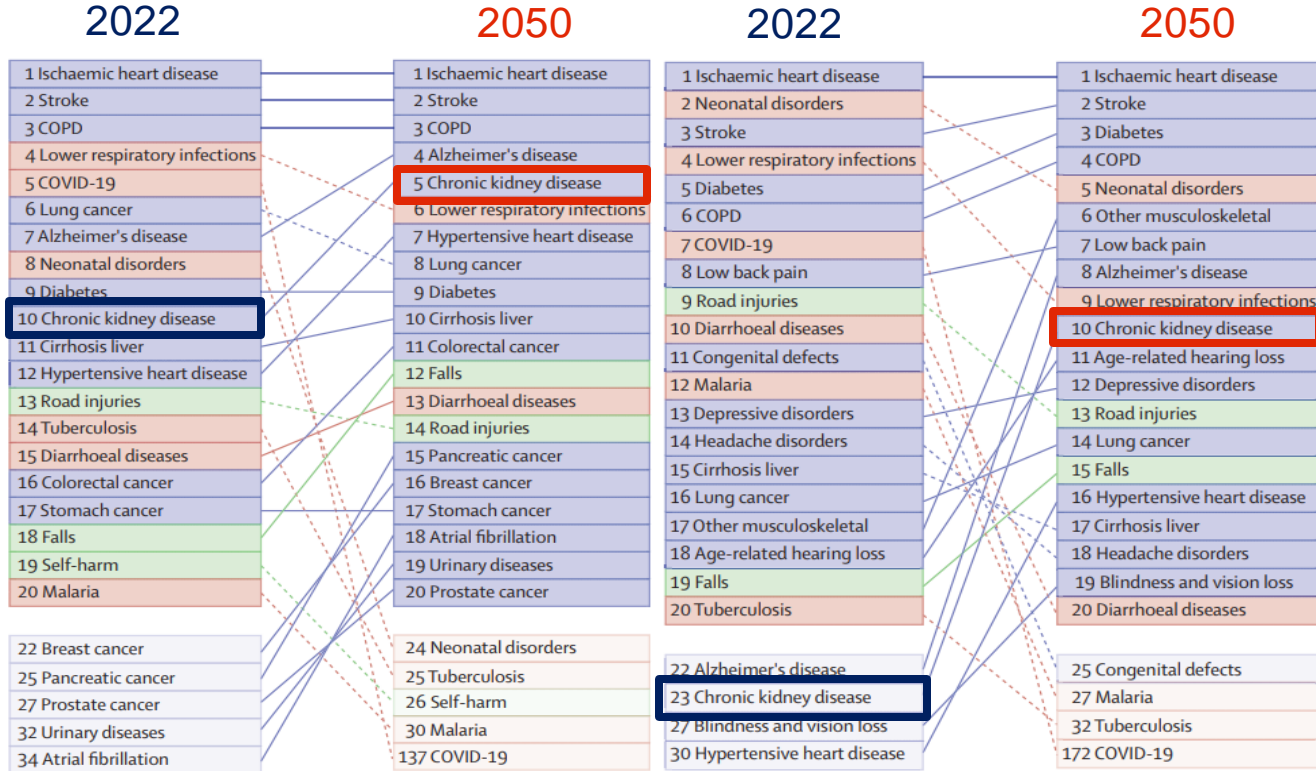


Diet & longevity – facts & fiction



Ageing and the kidneys

causes of
deaths



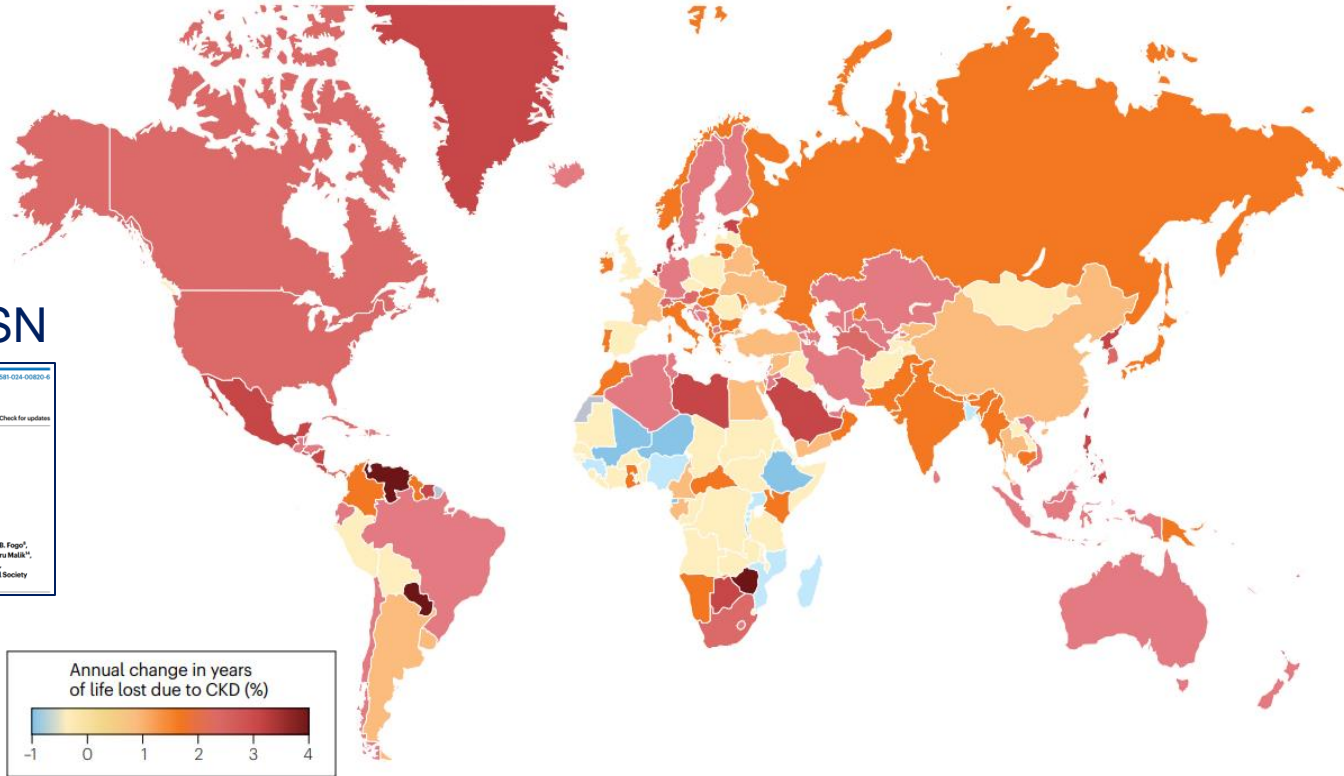
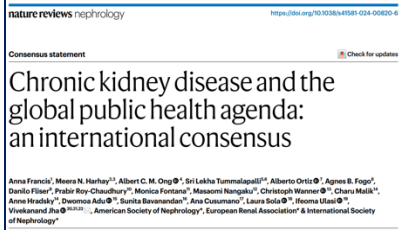
causes of
Disability-
Adjusted
Life
Years



Ageing and the kidneys

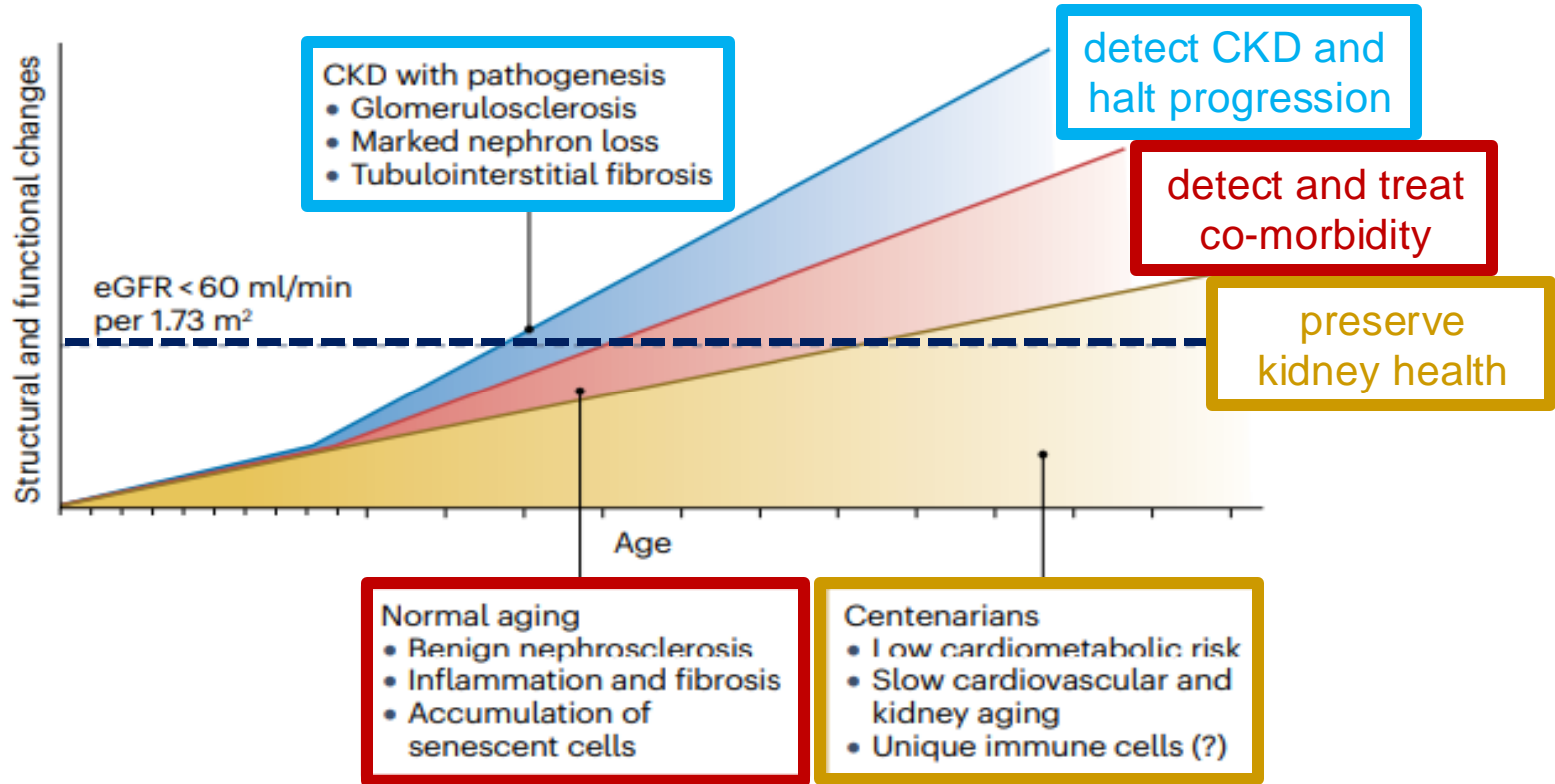


ASN – ERA – ISN





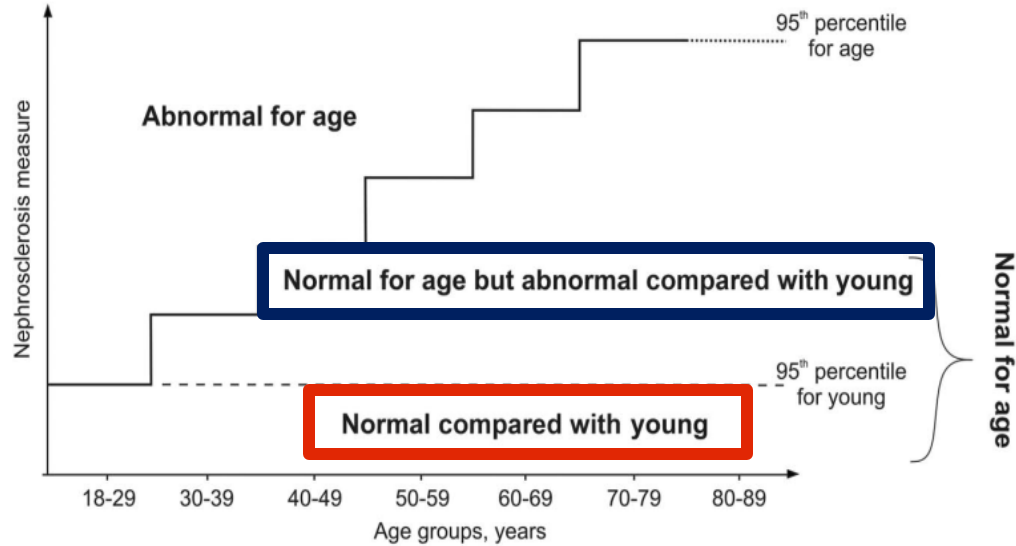
Ageing and the kidneys



Ageing and the kidneys

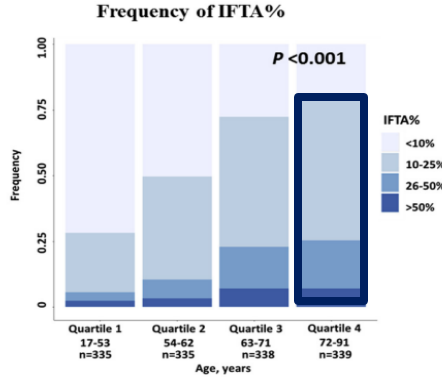
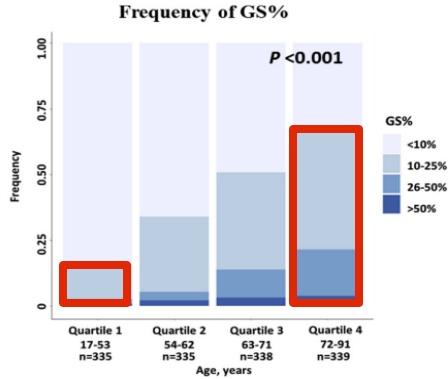
Age-based versus young-adult thresholds for nephrosclerosis on kidney biopsy and prognostic implications for CKD

3,020 living kidney donors
1,363 pts with kidney tumor
314 pts with kidney disease

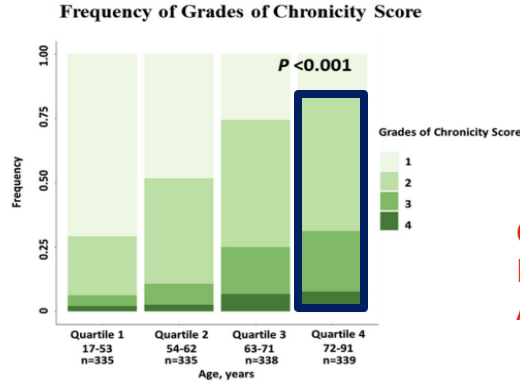
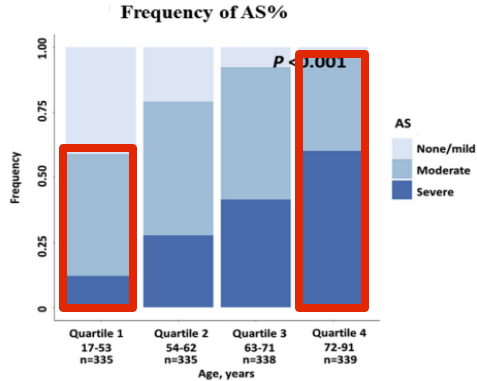


Ageing and the kidneys

GS
→



AS
→



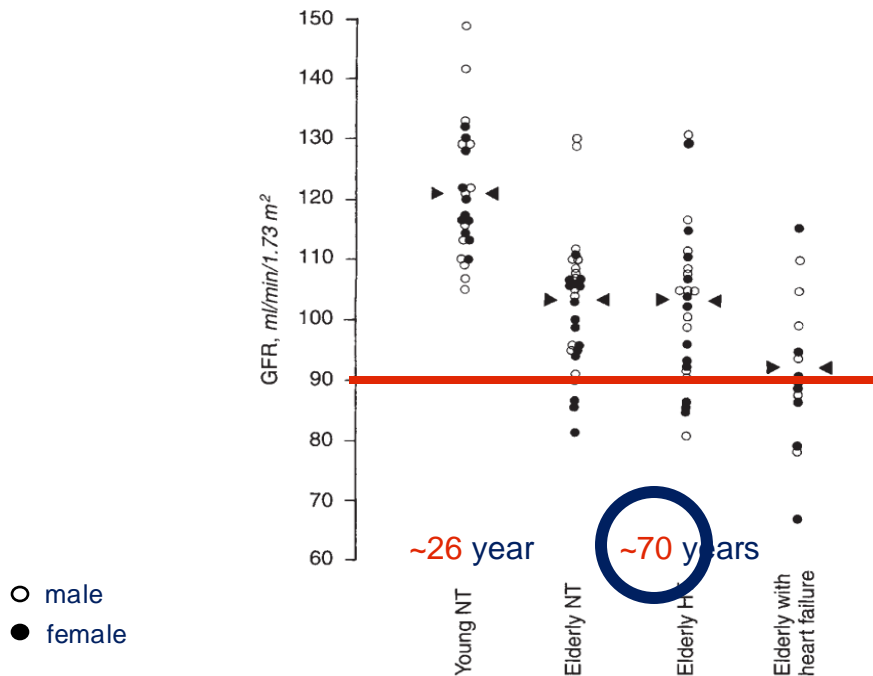
1,347 subjects aged 17-91 who underwent nephrectomy for any indication

The prevalence of advanced changes was higher in the oldest group of patients, but a subset had excellent kidney function and limited histologic changes

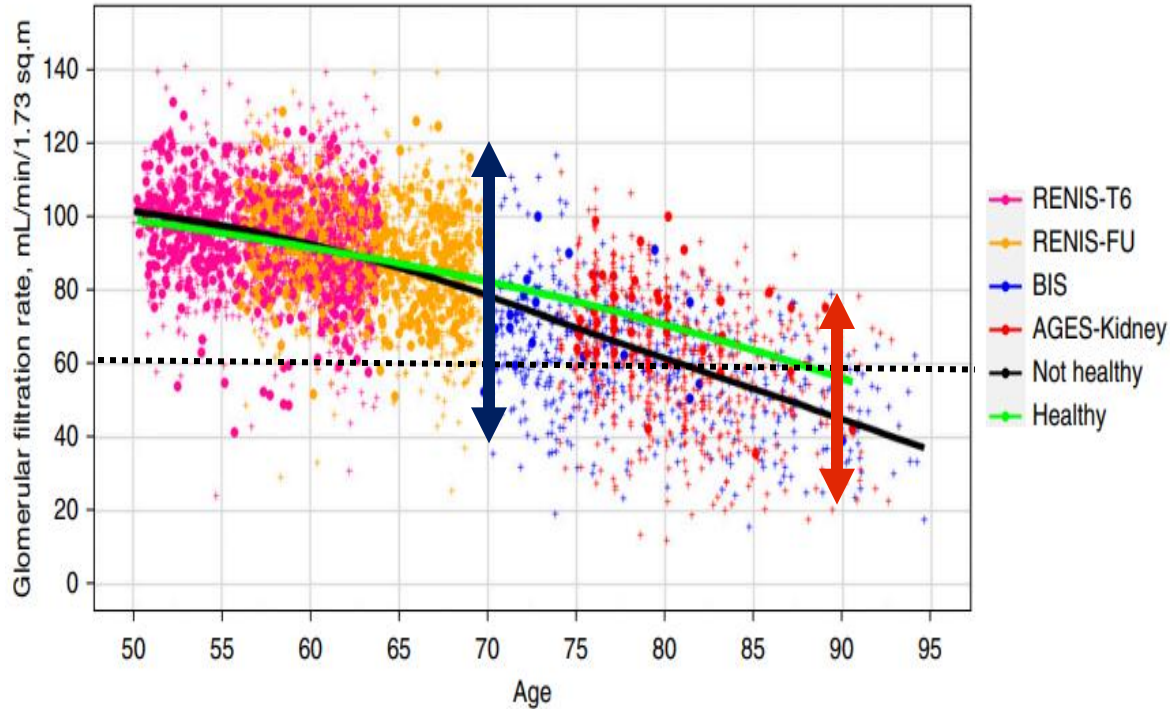
GS – glomerulosclerosis
IFTA – interstitial fibrosis/tubular atrophy
AS – arterial sclerosis/arteriosclerosis

Ageing and the kidneys

Glomerular Filtration Rate (inulin clearance)



Ageing and the kidneys



Association between **mGFR**, age, and health in persons aged **50-97** years (**iohexol** clearance measurements in 3 European population-based cohorts)

Healthy person were defined as having no major chronic disease or risk factors for CKD and all others as unhealthy

Ageing and the kidneys

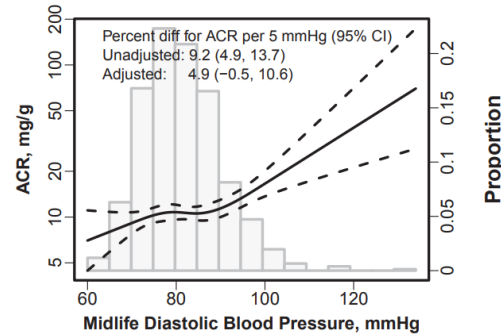
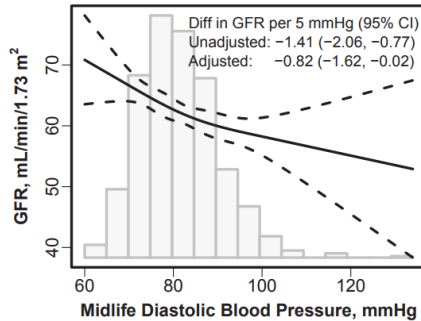
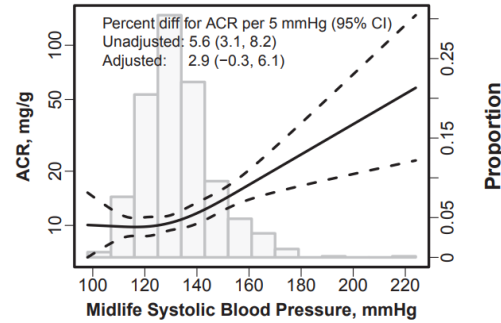
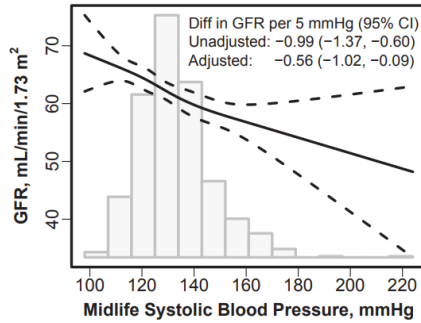
Age, Gene, Environment Susceptibility – Reykjavik Study

Cross-sectional analysis of a sub-study of a prospective cohort

mGFR (plasma clearance of iohexol) and UACR in 805 individuals

	Reykjavik Study (midlife)	AGES-II-Reykjavik (late life)	P
Age (y) ^a	51 [47-55]	80 [77-83]	<0.001
Male sex ^a	355 (44.1)	355 (44.1)	
mGFR (mL/min/1.73 m ²) ^a	—	62.4 ± 16.5	
Creatinine (mg/dL)	0.9 ± 0.2	1.0 ± 0.4	<0.001
eGFR (mL/min/1.73 m ²)	85.5 ± 12.5	65.7 ± 17.0	<0.001
Urinary ACR (mg/g)	—	8.0 [5.4-16.5]	
Diabetes	12 (1.6)	90 (11.8)	<0.001
Smoking			<0.001
Never	318 (41.7)	291 (39.1)	
Past	216 (28.4)	411 (55.2)	
Current	228 (29.9)	43 (5.8)	
Obesity	76 (10.0)	170 (22.3)	<0.001
Hyperlipidemia	358 (47.0)	476 (62.5)	<0.001
Cardiovascular disease	6 (0.8)	227 (29.8)	<0.001
Hypertension	197 (25.9)	684 (89.9)	<0.001
No CVD or vascular disease risk factors	118 (15.5)	11 (1.4)	<0.001
Systolic blood pressure (mm Hg)	129.4 ± 15.2	142.5 ± 20.3	<0.001
Diastolic blood pressure (mm Hg)	82.3 ± 9.1	69.6 ± 10.7	<0.001
On treatment for hypertension	115 (15.1)	564 (74.0)	<0.001
RAS blockers	—	308 (40.4)	
Other medications	—	256 (33.6)	
None	—	198 (26.0)	

Age, Gene, Environment Susceptibility – Reykjavik Study



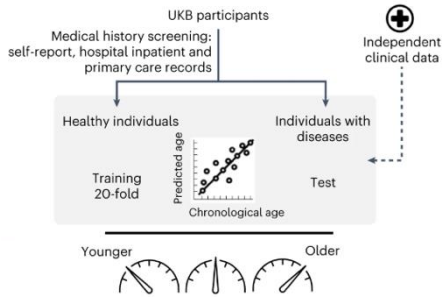
Factors other than advanced age may account for the high CKD prevalence in the elderly

Midlife factors such as (uncontrolled*) hypertension are potential contributing factors to late-life kidney dysfunction

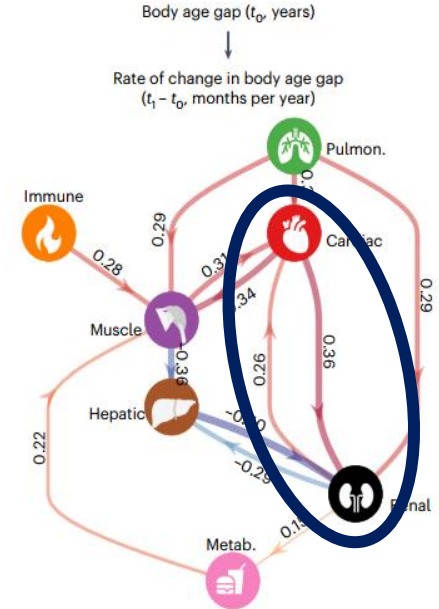
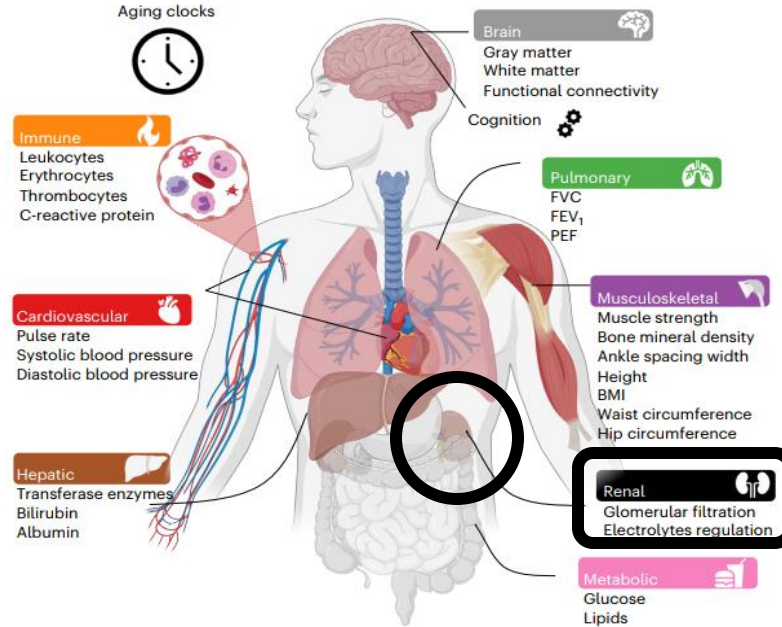


Ageing and the kidneys

Heterogeneous aging across multiple organ systems and prediction of chronic disease and mortality



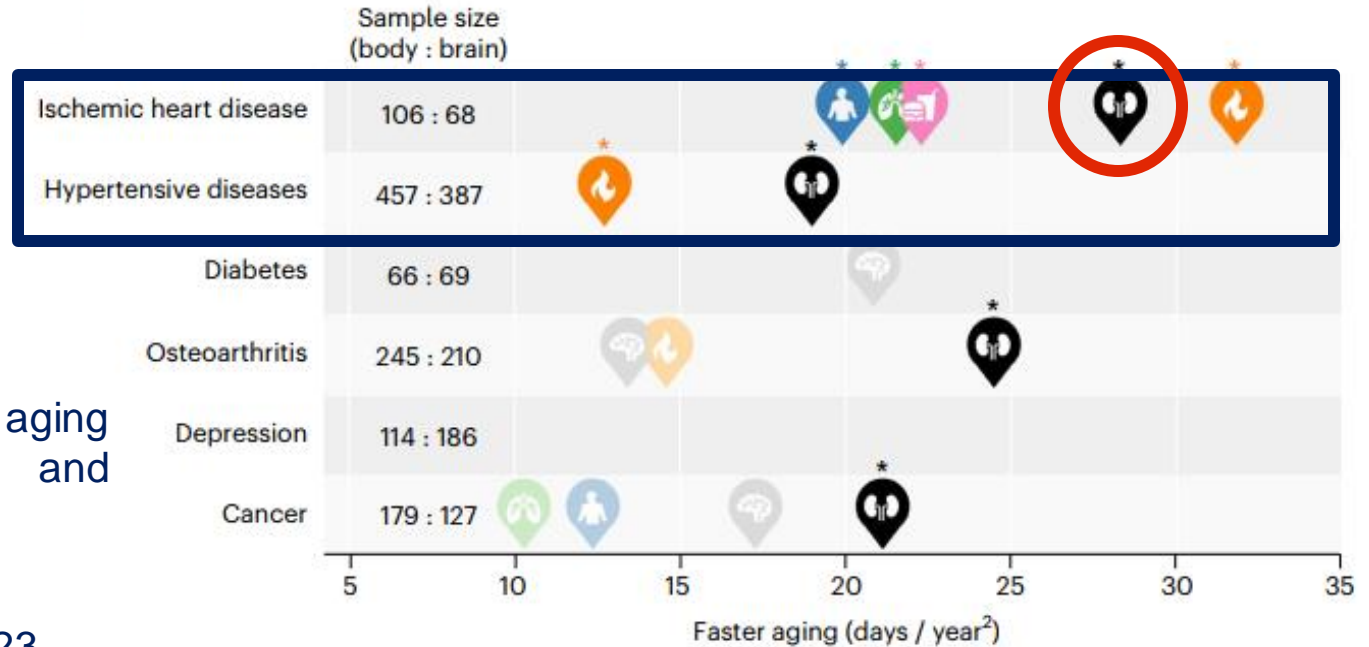
multi-organ aging
network



n = 143,423

Ageing and the kidneys

Heterogeneous aging across multiple organ systems
and prediction of chronic disease and mortality

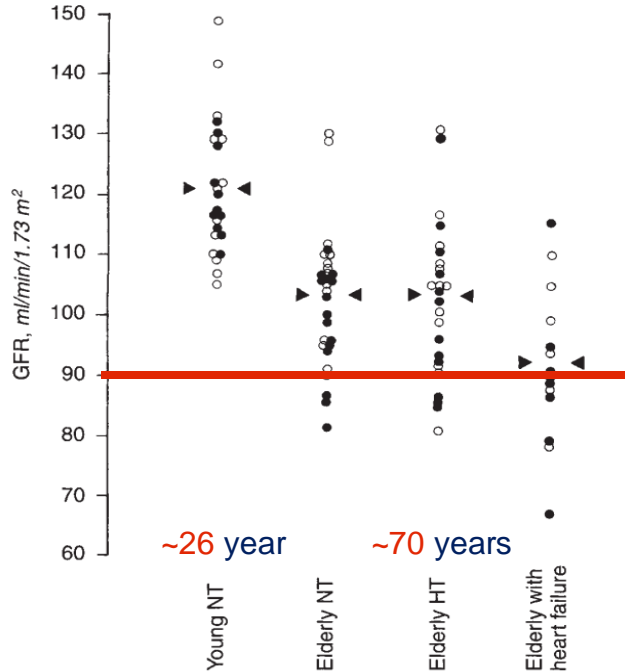


Associations between aging
and disease effects and
progression (age gap)

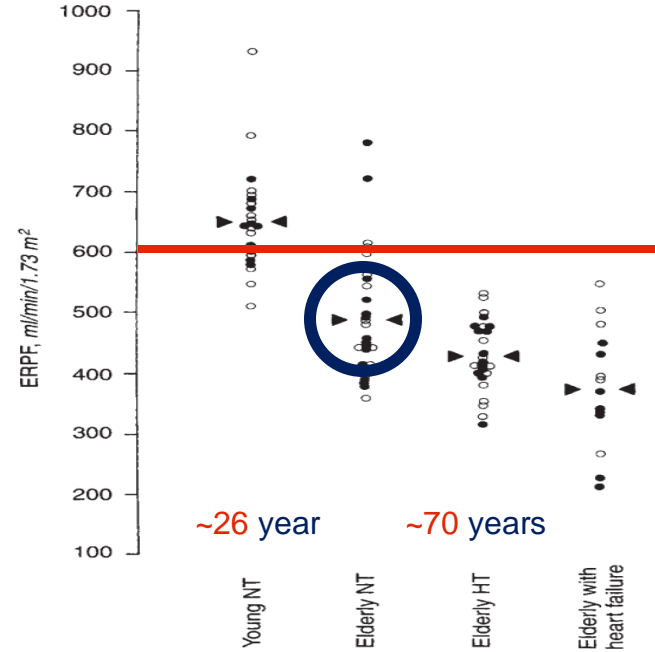
n = 143,423

Ageing and the kidneys

Glomerular Filtration Rate
(inulin clearance)



Effective Renal Plasma Flow
(PAH-clearance)



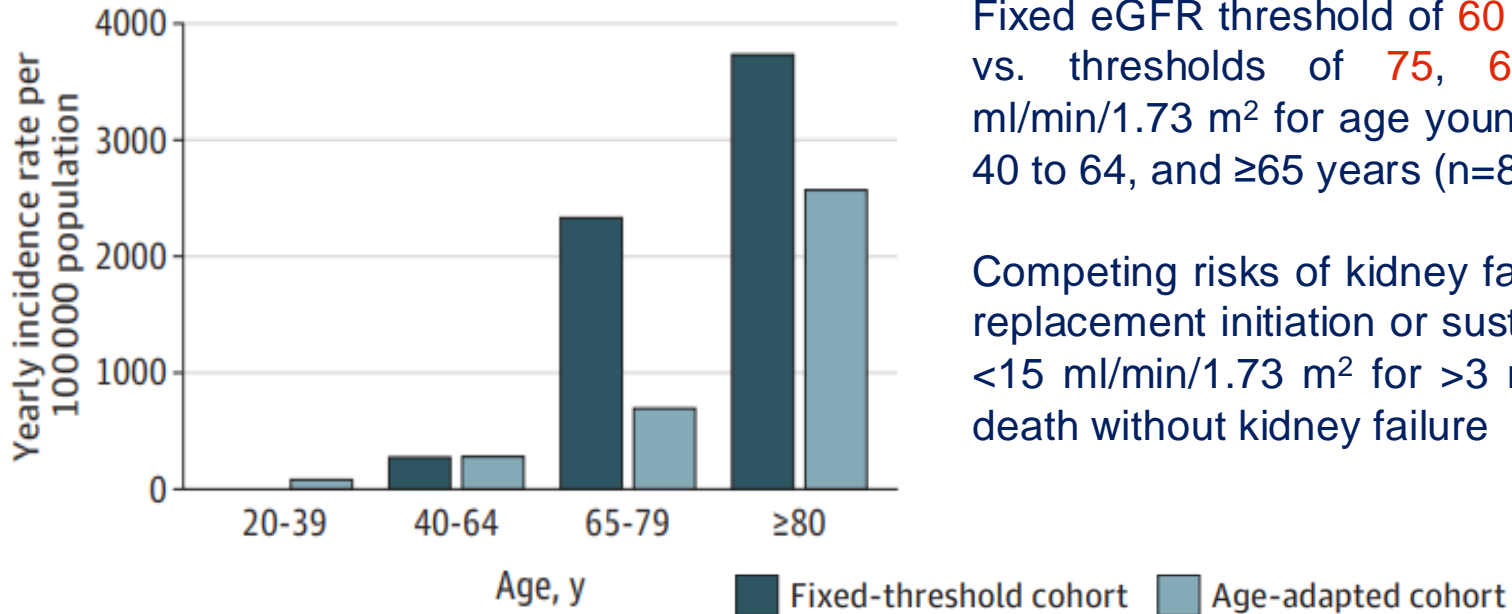
Ageing and the kidneys

	Young healthy (N = 24)	Elderly healthy (N = 29)	Elderly hypertensive (N = 25)	Elderly with heart failure (N = 14)
P_{Na} mmol/liter	140 ± 1 ^a	140 ± 2 ^a	139 ± 2 ^a	139 ± 2 ^a
P_{Cl} mmol/liter	102 ± 3 ^a	102 ± 3 ^a	101 ± 3 ^a	101 ± 4 ^a
P_v mmol/liter	3.9 ± 0.3 ^a	4.0 ± 0.3 ^a	4.0 ± 0.3 ^a	4.2 ± 0.4 ^a
FE_{Na} %	0.8 ± 0.2 ^a	0.9 ± 0.3 ^a	0.9 ± 0.3 ^a	1.1 ± 0.5 ^a
C_{Li} ml/min	27 ± 12	14 ± 7 ^a	15 ± 7 ^a	12 ± 5 ^a
FPR_{Na} %	77 ± 9	87 ± 6 ^a	86 ± 7 ^a	87 ± 5 ^a
FDR_{Na} %	96 ± 2	92 ± 6 ^a	93 ± 5 ^a	89 ± 7 ^a
PRA ng Al/ml/hr	0.75 ± 0.36	0.46 ± 0.46 ^a	0.35 ± 0.27 ^a	0.39 ± 0.20 ^a
	Young healthy (N = 24)	Elderly healthy (N = 29)	Elderly hypertensive (N = 25)	Elderly with heart failure (N = 14)
P_{Ca} mmol/liter	2.31 ± 0.14 ^a	2.30 ± 0.09 ^a	2.32 ± 0.10 ^a	2.39 ± 0.08
P_p mmol/liter	1.18 ± 0.13	1.08 ± 0.15 ^a	0.98 ± 0.12 ^b	1.02 ± 0.18 ^{ab}
PTH pmol/liter	2.8 ± 1.1	4.4 ± 1.4 ^a	5.0 ± 1.4 ^a	6.6 ± 4.2 ^a
25-(OH)D ₃ nmol/liter	112 ± 52	75 ± 31 ^a	77 ± 35 ^a	65 ± 32 ^a
Calcitriol pg/ml	57 ± 13 ^a	53 ± 9 ^{ab}	50 ± 11 ^b	44 ± 12
U_{Ca} mmol/24 hr	4.6 ± 2.0 ^a	4.3 ± 2.2 ^a	3.6 ± 2.1 ^a	3.3 ± 2.4 ^a
U_p mmol/24 hr	28 ± 8 ^a	25 ± 9 ^a	24 ± 7 ^a	26 ± 8 ^a
U_{Py} µg/g creatinine	177 ± 34	253 ± 70 ^a	243 ± 54 ^a	253 ± 60 ^a
U_{Dpy} µg/g creatinine	35 ± 8	47 ± 14 ^a	45 ± 16 ^a	47 ± 18 ^a

Ageing and the kidneys

Accounting for age in the definition of CKD

Incident CKD cases by age

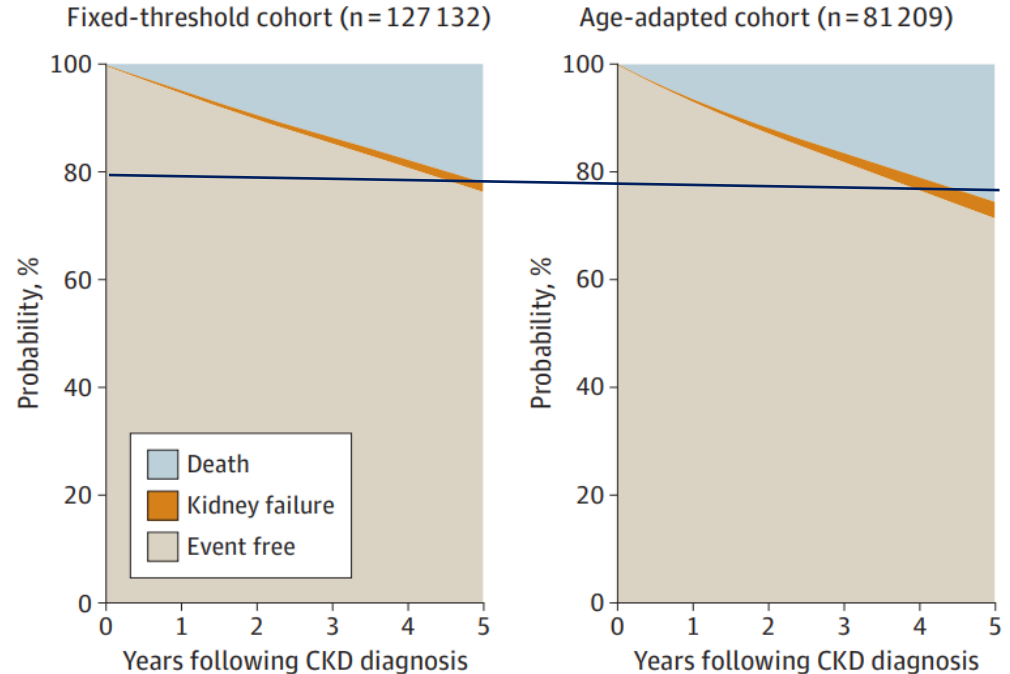
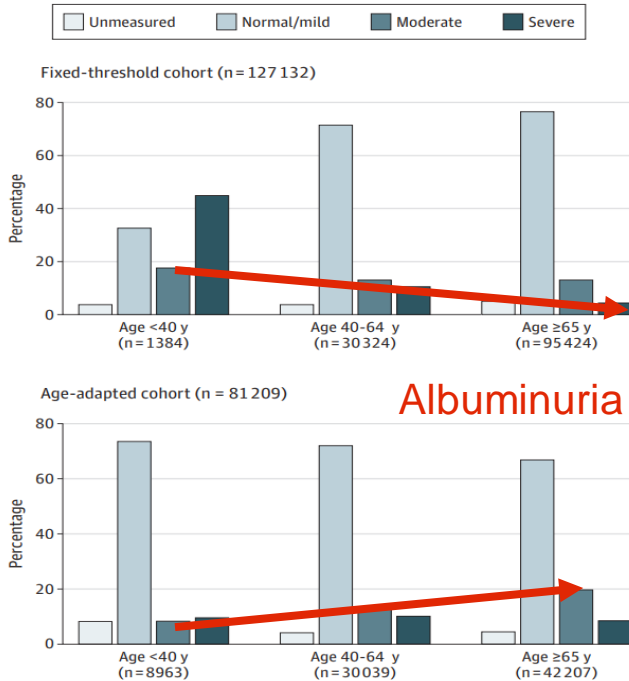


Fixed eGFR threshold of 60 (n=127,132) vs. thresholds of 75, 60, and 45 ml/min/1.73 m² for age younger than 40, 40 to 64, and ≥65 years (n=81,209)

Competing risks of kidney failure (kidney replacement initiation or sustained eGFR <15 ml/min/1.73 m² for >3 months) and death without kidney failure

Ageing and the kidneys

Accounting for age in the definition of CKD



Ageing and the kidneys

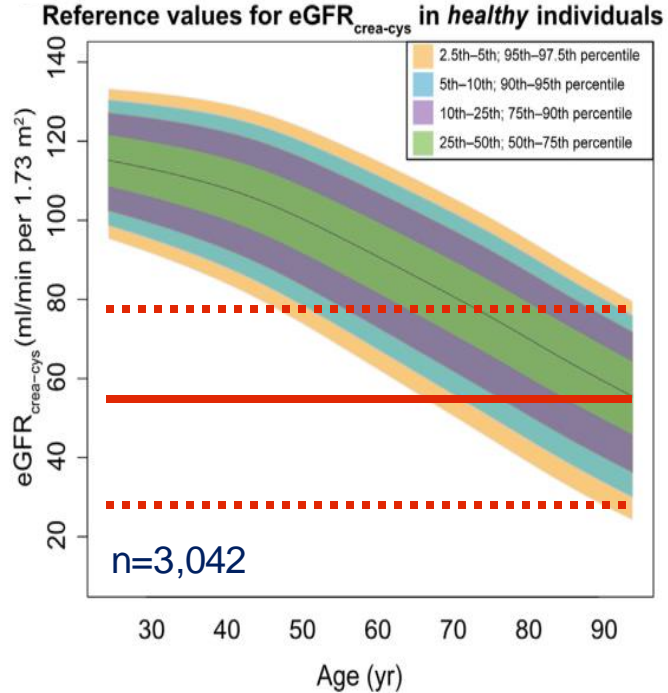
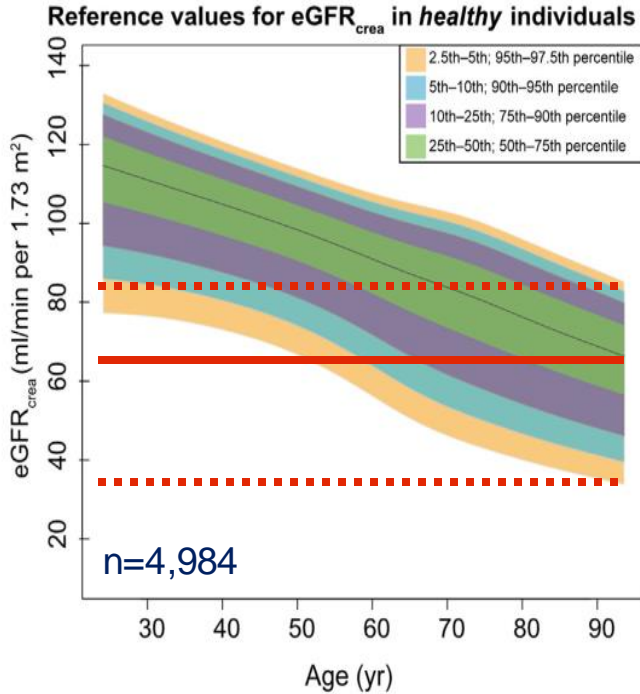
Accounting for age in the definition of CKD

Current eGFR criteria for CKD that do not account for the age-related eGFR decline may result in **overestimation of the CKD burden in an aging population**

The excess incidence of CKD with current eGFR criteria is largely explained by elderly people who have an eGFR of 45 to 59 ml/min/1.73 m² and normal/mild albuminuria. Their risks of kidney failure and death are similar in magnitude to people of the same age who do not have CKD. **An eGFR of 45-59 ml/min/1.73 m² without albuminuria may not have implications for kidney health**

Ageing and the kidneys

Accounting for age in the definition of CKD



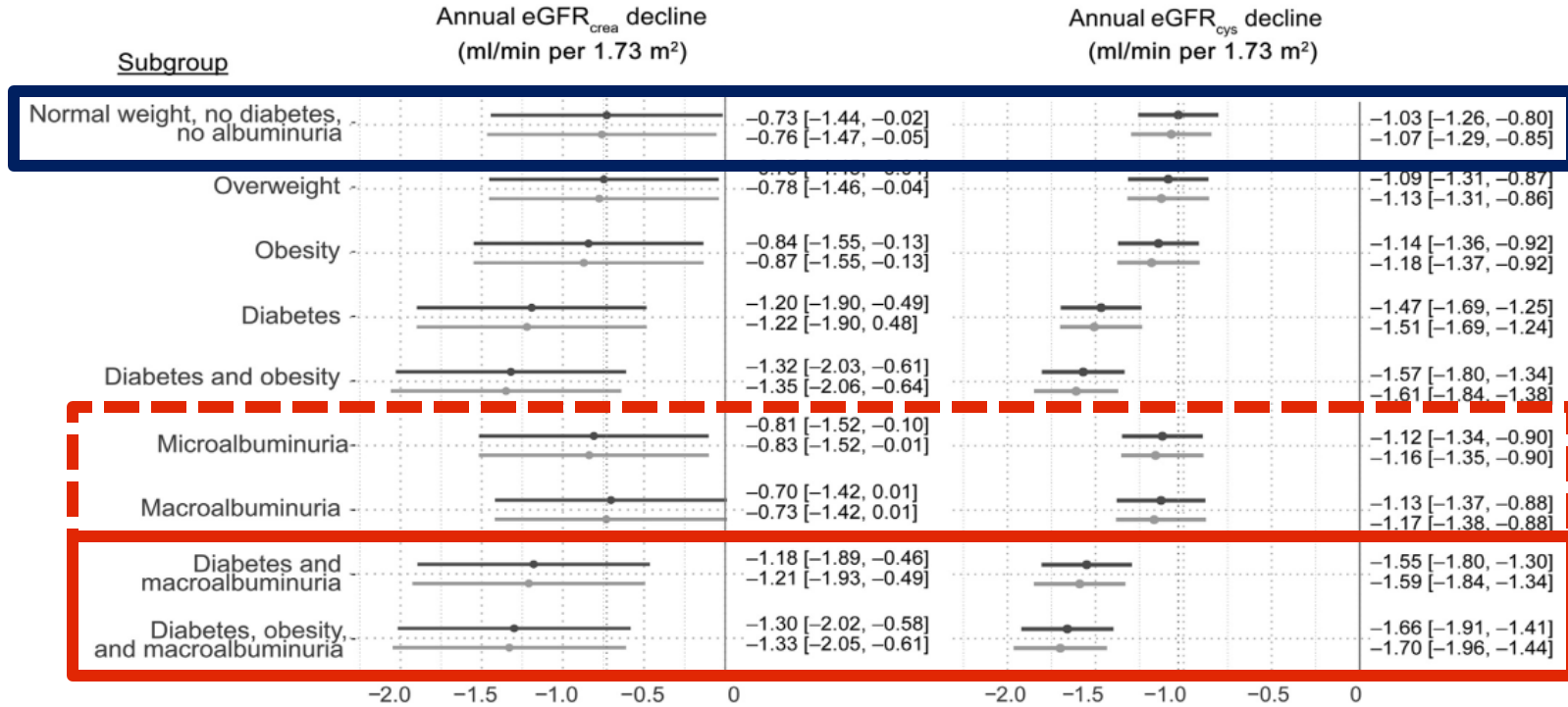
KORA 3
KORA 4
AugUR
DIACORE

n=12,000
25-95 years



Ageing and the kidneys

Accounting for age in the definition of CKD



Ageing and the kidneys

	uDKK3/Cr 0 <30 pg/mg (n=1,147)	uDKK3/Cr ≥30 to <400 pg/mg (n=132)	uDKK3/Cr ≥400 pg/mg (n=37)	P
Age (years)	63.6 ± 4.0	63.8 ± 4.1	64.0 ± 3.9	0.68
Women (n, %)	621 (54%)	35 (27%)	10 (27%)	<0.001
BMI (kg/m ²)	27.2 (4.1)	27.1 (3.8)	27.4 (4.0)	0.89
Systolic BP (mmHg)	130 (17)	132 (17)	139 (16)	0.005
Diastolic BP (mmHg)	82 (9)	83 (10)	87 (10)	0.002
Antihypertensives (n, %)	360 (31%)	42 (32%)	13 (35%)	0.88
Current smoker (n, %)	147 (13%)	24 (18%)	6 (16%)	0.20
Use of NSAIDs (n, %)	69 (6%)	7 (5%)	1 (3%)	0.67
HbA1c (%)	5.6 (0.4)	5.6 (0.3)	5.6 (0.3)	0.94
Diabetes mellitus (n, %)	24 (2%)	2 (2%)	1 (3%)	0.87
CVD (n, %)	51 (4%)	10 (8%)	3 (8%)	0.19
UACr (mg/mmol)	0.34 [0.10 to 0.58]	0.33 [0.10 to 0.65]	0.36 [0.10 to 0.57]	0.41
GFR (ml/min/1.73 m ²)	89.0 [14.4]	90.0 [14.5]	89.2 [15.6]	0.75
Annual GFR change (ml/min/1.73 m ² /year)	-1.26 (0.60)	-1.68 (1.82)	-2.22 (2.87)	0.001
uDKK3/Cr (pg/mg)	0	129 [80 to 248]	763 [523 to 1,255]	0.001

RENIS study (n=1,316)
Tromsø/Norway

Association between **urinary DKK3** and **age-associated decline in mGFR** in persons aged **50-97** years assessed with **iohexol clearance**

Healthy person were defined as having no major chronic disease or risk factors for CKD and all others as **unhealthy**

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Ren sanus in corpore sano: the myth of the inexorable decline of renal function with senescence

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Julia "Hurricane" Hawkins
108 years old

2017 world record for women 100 or older:
100 meters in 39.62 seconds



„Age is an issue of mind over matter.
If you don't mind, it doesn't matter.“

Mark Twain
