



Anti-aging medicine is a medical speciality

MCARE: *Controversial opinions presently circulate about the validity of anti-aging medicine as a legitimate scientific speciality of clinical healthcare. Additionally, there is much confusion about a definition for the concept of “anti-aging medicine.” As the physician co-founders of the field of anti-aging medicine, what exactly is anti-aging medicine?*

A4M: *Anti-aging medicine is a medical speciality founded on the application of advanced scientific and medical technologies for the early detection, prevention, treatment, and reversal of age-related dysfunction, disorders, and diseases. It is a healthcare model promoting innovative science and research to prolong the healthy lifespan in humans. As such, anti-aging medicine is based on principles of sound and responsible medical care that are consistent with those applied in other preventive health specialities.*

The 10,500 physicians, health practitioners, and scientists representing 65 countries worldwide who are members of the American Academy of Anti-Aging Medicine (A4M), the world's leading professional medical society involved in addressing the issues of global aging, are an important subset of the preventive healthcare sector. While A4M members come from different medical training backgrounds, have different focuses in their clinical practices or research efforts, and represent

every major nation, we are united in a single pursuit to eradicate the debilitating and disabling diseases of aging. As stated in *Geriatrics*, “many of us do not tune in on the oldest persons when we read articles on prevention... What I am finding is that much of what we prevent in midlife is also preventable in late life” [Sherman FT, “Our Prevention Dilemma,” *Geriatrics*, April 2001, 56(4), 3-4]. The specific enhancement to preventive health that those involved in anti-aging bring is a focus on the use of high-tech diagnostic and treatment biomedical technologies for the very earliest detection and most aggressive care of disease. Thus, supporting anti-aging medicine is equivalent to supporting preventive healthcare; conversely, opposition against anti-aging medicine equates to a vote against preventive health and all the society-wide benefits with which it is associated.

Focusing on detection screenings, nutrition monitoring and education, risk factor management, and patient education and counseling, clinical anti-aging medical care is committed to health promotion. As reported by *Health Promotion International*, such efforts result in direct improvements of population-wide health status [“WHO is making a difference through health promotion,” *Health Promotion International*, 1999, 14(1)]. With the appointment of Dr. Gro Harlem Brundtland as World Health Organization (WHO) Director General in 1998, the organisation ushered in a “novel era ... that see[s] health promotion ...

as an essential approach for health gain.” In its health promotion initiative, the WHO identified “ten global health targets for the 21st century. ... The goals are to achieve an increase in life expectancy and in the quality of life for all; to improve equity in health between and within countries; and to ensure access for all to sustainable health systems and services.” As such, the life-enhancing, life-extending pursuits of the A4M and its membership are synchronous to the WHO initiative.

Similarly, The Centre for Ageing Studies at Flinders University in Australia recently suggested in the *British Medical Journal* that “health and wellbeing at older ages is modifiable, and substantial gains could be made by promoting health and fitness throughout life” [Andrews GR, “Promoting health and function in an ageing population,” *BMJ* March 24, 2001; 322:728-9]. The Centre concludes that the onset of chronic disease associated with old age and accompanying disability can be prevented and ameliorated -- if strategies for health promotion and prevention of disease in old age are effectively implemented across a population.

Those involved in anti-aging medical research and clinical care are keenly focused on intervention to prevent or reverse dysfunction, disorders, and diseases involved in degenerative biological processes in aging. The savings in disease-related costs of such an approach are clear. In the United States alone, eliminating the number of deaths from just six diseases would result



Disease	Savings
Cancer	\$46.5 trillion
Heart disease	\$48.5 trillion
Stroke	\$7.7 trillion
Circulatory disease	\$5.8 trillion
Influenza	\$3.5 trillion
AIDS	\$7.6 trillion

[Funding First, reported by Mass High Tech, July 10, 2000, 18(28); 1]

in hundreds of billions of dollars returned to the economy (not including the savings in medical costs):

Moreover, Kevin Murphy and Robert Topel of the University of Chicago Business School used a value per-life of \$5 million (extrapolated from accident payouts by insurers) to calculate what the six years' gain in average life expectancy during 1970-1990 alone were worth across the total U.S. population. Their calculations produced the astounding discovery that the change in life expectancy over the twenty-year period was worth \$57 trillion in 1992 dollars. Converted into a yearly valuation, the Murphy and Topel study assigns a \$2.4 trillion a year value on longevity for the U.S. alone. Reducing the death rate from either heart disease or cancer by 20%, argue Murphy and Topel, would be worth around \$10 trillion

to Americans -- more than one year's U.S. Gross Domestic Product ["The health effect," *The Economist*, June 3, 2000, p. 78].

Anti-aging medicine has matured into a prestigious medical field that has become recognised by independent public policy organizations. In its September-October 2001 issue, the World Future Society -- a nonprofit educational and scientific organization founded in 1966 as a neutral clearinghouse exploring the impact of social and technological developments on the future -- heralded anti-aging medicine as an effective solution to the growing aging population worldwide. In "Aging versus anti-aging: Geriatrics is in trouble while anti-aging medicine takes off," the World Future Society states that "geriatrics may ... be suffering from competition arising in a new health-care subspecialty: anti-aging." Citing an "aging baby-boom generation [that] is bringing a potential medical crisis to the fore: a critical lack of doctors who specialise in treating elderly patients," the World Future Society refers to anti-aging medicine as embracing "a realignment of priorities from the problems of the elderly to the opportunities of longer lives." The publication also notes the steady rise in the number of members of the A4M

and certified anti-aging physicians and health practitioners, while the number of certified geriatricians is on the decline" [Wagner C, "Aging versus anti-aging: Geriatrics is in trouble while anti-aging medicine takes off," *The Futurist*, September-October 2001, 8-9].

Similarly, the highly respected Global Aging Initiative of the Center for Strategic and International Studies issued its support of anti-aging medicine ["Summary Report of the Co-chairmen and Findings and Recommendations of the CSIS Commission on Global Aging," August 29, 2001. Washington, DC: Global Aging Initiative, Center for Strategic and International Studies]. Among its conclusions, the Center for Strategic and International Studies stated in its Economic Restructuring and Labour Policy section that governments should "pursue an integrated strategy designed to raise productivity by ... providing financial support, and creating a favourable tax and regulatory environment for research and development in the industrial, new services and health sectors, including disease prevention, anti-aging medicine, and other innovative technology."