### **REFERENCES**

- Wershof Schwartz A, Abramson JS, Wojnowich I, Accordino R, Ronan EJ, Rifkin MR. Evaluating the impact of the humanities in medical education. Mt Sinai J Med. 2009 Aug;76(4):372–380.
- Royal College of Physicians and Surgeons of Canada. The CanMEDS 2005 Physician Competency Framework [Online]. 2005 [cited 2011 Apr 1]; Available from: http://rcpsc.medical.org/canmeds/bestpractices/framework e.pdf.
- King NM, Stanford AF. Patient stories, doctor stories, and true stories: a cautionary reading. Lit Med. 1992 Fall;11(2):185–199.

# Endurance Exercise, the Fountain of Youth, and the Mitochondrial Key

Simon Jones, BSc, MD<sup>a</sup>

<sup>a</sup>UBC Faculty of Medicine, Vancouver, BC

Scientists have been searching for the proverbial fountain of youth for centuries, hoping that a newly discovered drug or exotic plant would hold the key to anti-aging riches. However, a recent study from Canada provides powerful evidence that the key was within each and every one of us the entire time.

Led by Dr. Mark Tarnopolsky, Professor of Pediatrics and Medicine, a team of researchers from McMaster University's Michael G. DeGroote School of Medicine recently published a study that found endurance exercise can prevent the signs of premature aging in virtually every tissue and organ system in the body. Published in the Journal of Proceedings of the National Academy of Sciences of United States of America, the study found that mice that were genetically engineered to age faster were protected against the phenotypic and biologic changes of aging by engaging in regular endurance exercise. In an era that has seen the epidemic emergence of chronic diseases—likely a result of increasing sedentary behaviour, excess caloric intake, and obesity—this study should help promote the benefits of exercise for all those searching to stay forever young.

Epidemiological evidence has established that endurance training greatly reduces the risk of chronic diseases and decreases mortality in humans; however, little is known about how endurance training affects aging.<sup>3–14</sup> The mitochondrial theory of aging postulates that lifelong accumulations of mitochondrial DNA mutations lead to a cellular energy crisis, resulting in progressive decline in tissue and organ function, and ultimately accelerating the aging process. Based on this theory and known evidence that exercise can induce mitochondrial biogenesis and metabolism, Dr. Tarnopolsky and his team of researchers set out to prove that endurance exercise could help prevent premature aging in mice.<sup>15–19</sup>

The study used mice with genetically modified dysfunctional mitochondria which caused them to age prematurely. Starting at three months of age, or about 20 human years, the mice were randomly assigned to moderate intensity endurance exercise

## Correspondence

Simon Jones, srj1982@interchange.ubc.ca

three times per week for 45 minutes or to a sedentary group. The mice were studied over the next five months until the age of eight months, or approximately 60 human years, with startling findings.<sup>1</sup>

Although both groups of mice were genetically disadvantaged to prematurely age, the mice that engaged in endurance exercise looked as healthy as normal mice while the sedentary group showed many phenotypic features of aging, including hair loss, greying, physical inactivity, and social isolation. Furthermore, the exercised mice were protected against early mortality and multi-system organ degeneration, such as hearing loss, cataracts, sarcopenia, brain atrophy, cardiomyopathy, anemia, and infertility. Compelling evidence revealed that endurance exercised mice had decreased accumulations of mitochondria DNA mutations, increased mitochondrial biogenesis, and decreased mitochondrial apoptosis, <sup>1</sup> further highlighting the potential role of mitochondria in the aging process.

These findings strengthen the mitochondrial theory of aging, providing evidence that endurance exercise may prevent premature aging through the maintenance and recovery of mitochondrial function, which is crucial for organ health. "Every part of the body was protected by exercise," said Dr. Tarnopolsky, who believes "that exercise is the most potent anti-aging therapy available today and likely forever." The poet John Gray wrote in 1716: "Rosy-complexion'd health thy steps attends, and exercise thy lasting youth defends." It is interesting to think that maybe he was right all along.

### REFERENCES

- Safdar A, Bourgeois JM, Ogborn DI, Little JP, Hettinga BP, Akhtar, M, et al. Endurance exercise rescues progeroid aging and induces systemic mitochondrial rejuveation in mtDNA mutator mice. Proc Natl Acad Sci U S A. 2011 Mar 8;108(10): 4135–40.
- Holloszy JO, Booth FW. Biochemical adaptations to endurance exercise in muscle. Annu Rev Physiol. 1976;38:273–91
- Johannsen DL, Ravussin E. The role of mitochondria in health and disease.Curr Opin Pharmacol. 2009;9:780-6.
- 4. Warburton DE, Charlesworth S, Ivey A, Nettlefold L, Bredin SS.

- A systematic review of the evidence for Canada's Physical Activity Guidelines for Adults. Int J Behav Nutr Phys Act. 2010 May 11;7:39.
- Safdar A, Hamadeh MJ, Kaczor JJ, Raha S, Debeer J, Tarnopolsky MA. Aberrant mitochondrial homeostasis in the skeletal muscle of sedentary older adults. PLoS One. 2010 May 24;5(5):e10778.
- Safdar A, Debeer J, Tarnopolsky MA. Dysfunctional Nrf2-Keap1 redox signaling in skeletal muscle of sedentary old. Free Radic Biol Med. 2010 Nov 30; 49(10):1487–93.
- Herring MP, O'Connor PJ, Dishman RK. The effect of exercise training on anxiety symptoms among patients: a systematic review. Arch Intern Med. 2010 Feb 22;170(4): 321–31.
- Nader GA, Lundberg IE. Exercise as an anti-inflammatory intervention to combat inflammatory diseases of muscle. Curr Opin Rheumatol. 2009 Nov;21(6):599-603.
- Beal MF. Therapeutic approaches to mitochondrial dysfunction in Parkinson's disease. Parkinsonism Relat Disord. 2009 Dec;15(Suppl 3):S189-94.
- Balbuena L, Casson AG. Physical activity, obesity and risk for esophageal adenocarcinoma. Future Oncol. 2009 Sep;5(7):1051–63.
- 11. Buchner DM. Physical activity and prevention of cardiovascular disease in older adults. Clin Geriatr Med. 2009 Nov;25(4):661–75, viii.
- Stessman J, Hammerman-Rozenberg R, Cohen A, Ein-Mor E, Jacobs JM. Physical activity, function, and longevity among the very old. Arch Intern Med. 2009 Sep 14;169(16):1476–83.
- 13. ten Hacken NH. Physical inactivity and obesity: relation to asthma and

- chronic obstructive pulmonary disease? Proc Am Thorac Soc. 2009 Dec;6(8):663-7.
- Chakravarty EF, Hubert HB, Lingala VB, Fries JF. Reduced disability and mortality among aging runners: a 21-year longitudinal study. Arch Intern Med. 2008 Aug 11;168(15): 1638–46.
- Brenner I. Exercise performance by hemodialysis patients: a review of the literature. Phys Sportsmed. 2009 Dec;37(4):84–96.
- Harman D. The biologic clock: the mitochondria? J Am Geriatr Soc. 1972 Apr;20(4):145–7.
- Larsson NG. Somatic mitochondrial DNA mutations in mammalian aging. Annu Rev Biochem. 2010;79:683–706.
- 18. Sutherland LN, Bomhof MR, Capozzi LC, Basaraba SA, Wright DC. Exercise and adrenaline increase PGC-1alpha mRNA expression in rat adipose tissue. J Physiol. 2009 Apr 1;587(Pt 7):1607–17.
- Boveris A, Navarro A. Systemic and mitochondrial adaptive responses to moderate exercise in rodents. Free Radic Biol Med. 2008 Jan 15:44:224-9.
- Kirkey S. Exercise best anti-aging treatment: study. The Gazette [newspaper on the Internet]. 2011 Feb 21 [cited 2011 Jun 20]. Available from: http://www.montrealgazette.com/health/Exercise+best+anti+agin g+treatment+study/4321304/story.html.
- Gray, J. Of the implements for walking the streets, and signs of the weather. In: Trivia: or, the art of walking the streets of London. London: J. Roberts; 1716 [cited 2011 Jun 20]. Available from: http://www.cardiff. ac.uk/encap/skilton/poetry/gay01a.html.

## Unraveling the Role of Lipid Metabolism in Alzheimer's Disease

Megan M. J. Burns, BSc (Hons), MSca

<sup>a</sup>Vancouver Fraser Medical Program 2013, UBC Faculty of Medicine, Vancouver, BC

after 40 years of marriage or losing the capacity to remember one's only child—such are the features salient in the latter course of Alzheimer's dementia. Given that Alzheimer's Disease (AD) is estimated to affect up to 40 % of North Americans over the age of 85, it constitutes a substantial obstacle to healthy aging.<sup>1,2</sup>

Upon finishing her post-doctorate work with Dr. Michael Hayden at the University of British Columbia, Dr. Cheryl Wellington began investigating the link between neurodegenerative disease and lipid disorders. Given that the most important genetic risk factor for AD is apolipoprotein E (apoE), which is a major cholesterol carrier in the brain, Dr. Wellington set out to further investigate the relationship between cholesterol metabolism and AD.

One of the major neuropathological hallmarks of AD is the presence of amyloid plaques within the brain parenchyma and cerebral blood vessels. The plaques are deposits of  $A\beta$  peptide, a by-product of amyloid precursor protein that is continuously produced and then cleared from the brain. With aging, it is hypothesized that the clearance and degradation of  $A\beta$  become

less effective. Dr. Wellington's lab has shown that the clearance rate of  $A\beta$  is strongly affected by how much lipid is carried on apoE.  $^3$ 

The natural function of apoE is to distribute lipids among various cell types in the brain, a function that is critical for repairing damaged neuronal membranes. The cholesterol transporter ABCA1 acts to move excess lipids from the cell surface to apoE. In humans, the polymorphic *apoE* gene is present in three different allelic isoforms (2,3, and 4), and *apoE4* has been shown to increase the risk of developing AD with each inherited copy. At least 50 % of patients with AD possess at least one *apoE4* allele.<sup>3</sup>

In accordance with ethical guidelines for preclinical research, Dr. Wellington has used murine models of AD to show that the whole degradation pathway of the  $A\beta$  peptide slows down in the absence of ABCA1. The mice deteriorate cognitively and develop more amyloid deposits in their brains. Dr. Wellington has also shown that lipid saturation of apoE can be increased by using genetic modifications or small molecule compounds that increase ABCA1 activity. This results in more rapid degradation of  $A\beta$  peptides and less amyloid formation. "This gives us the ability to possibly provide novel therapeutic strategies for Alzheimer's disease that can augment therapies being developed to slow the

## Correspondence

Megan M. J. Burns, megan17@phas.ubc