

Geriatric Neurology Conference, November 2011: It Is Time To Be Old

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IN NOVEMBER OF 2007, SOME FOUR years ago, a conference on the ethical dimensions of geriatric neurology had convened also in Providence. I was privileged to participate then. And in seeking to define responses to the problems of the impaired elderly, I told about the Inuit custom (probably apocryphal) of placing their old ones on ice floes and allowing them to float off into the Eskimo equivalent of oblivion.

Now, four years later, I can no longer use this arctic legend, for three compelling reasons: First, urban civilization has now enriched the Inuit territory and there are, currently, clusters of nursing homes for their elderly on the shores of Hudson's Bay. Second, Medicare no longer underwrites the cost of ice-floe rental. And third, global warming has sharply reduced the number of accessible ice floes.

Accordingly, I've discarded this Inuit tale as my metaphor for the insoluble problems confronting the neurologically-impaired elderly. And so, seeking another analogy, I suggest that the senior decades of life were much like the final, adagio, movement of Haydn's 45th Symphony, often subtitled, *The Farewell Symphony*. You will recall that as the adagio slows to a lingering elegiac melody, the musicians—one at a time—blow out their music-stand candles and quietly depart from the stage; and so the symphony ends unpretentiously, reflectively, with but two violinists slowly repeating, as though it were a requiem, the simple autumnal theme. Not exactly like Dylan Thomas's recommendation, "Do not go gentle into that good night." But then, that Welsh poet rarely did anything gently.

This progressive reduction in human resources, in aging, is also reminiscent of Shakespeare's distillation of the aging process in his play, *As You Like It*. In a memorable speech beginning with the words, "All the world's a stage," he defines the seven stages of man, ending with the last, a second childhood with voice transforming to a childish treble and the imminent prospect of a sepulchral

limbo "sans teeth, sans eyes, sans taste, sans everything." Shakespeare was but 36 years old, barely toilet-trained, when he composed those memorable phrases. What could he possibly know of the many 'sans' of the senior years? The loss of teeth is trivial when compared with the loss of such blessings as: memory, vitality, relevancy, companionship and a limitless moral horizon.

Shakespeare seemed beholden, in so many of his plays, to proclaim the dimensions of senescence. He lingered, lovingly, over sundry displays of elderliness. In *Henry IV*, he gives the chief justice the following memorable sermon:

"Old Age Have you not a moist eye, a dry hand, a yellow cheek, a white beard, a decreasing leg, an increasing belly? Is not your voice broken, your wind short, your chin double, your wit single, and every part of you blasted with antiquity..."

Life, in each of its phases (whether or not they be of seven compartments) certainly consists of distinguishable characteristics: Our youthful years, filled with consummate ignorance, arrogance, passions—unrequited or fulfilled; our adult years characterized by wit, commitment, resolution and sometimes triumph; and our elder years, draped in hibernian grey with a sense that everything is contracting, shrinking; where things had once been supple and yielding, they now are fragile, friable and turning a disagreeable yellow. We end by whispering to each other: If youth but knew; if age but could.

In our inarticulate youth, we do rather than talk; talking, after all, is the chronic ailment of the aged. And we talk, to console ourselves for our incapacity to commit those vices that we now righteously condemn.

We confront a fundamental, perhaps remorseless, observation: we learn that aging is a collective, unidirectional phenomenon of life, a progressive accu-

mulation of biological detritus, from progressive loss of neurons to deterioration of the articular surfaces of our functional joints. It is a woeful tale of the gifts of life gone west.

My function this morning is to share with you one observation which runs contrary to this otherwise relentless tale of organic deterioration. In 1973, a retrospective study was undertaken to determine the age-related frequencies of a number of neurodegenerative processes in about 8,000 consecutive autopsy examinations of adult brains. As a criterion of neurobiologic senescence, the degree of neurofibrillary and granulo-vacuolar degeneration within hippocampal neurons were measured.

The result? There is a progressive increase in the relative frequency of these degenerative cytoplasmic changes in patients through their late 80's; but the specimens of those dying beyond age 90 show, instead, a marked *decrease* in these senescent lesions.

How to interpret this? Possibly a statistical artifact, although the numbers examined are impressive—and given the paucity of post-mortem examinations today, it is unlikely that a comparative series might be assembled. A second interpretation: That there exist genetic differences such that one group (perhaps the majority of the population) is vulnerable to the progressive weight of neurocellular deterioration, a group by and large exhausted by the force of mortality by age 90; and another group, by virtue perhaps of some genetic variance, is less susceptible to the depredations of the organic dementias. Paraphrasing this: If, on the one hand, **Alzheimer's disease (AD)** is nothing more than the cumulative ravages of a lamentable accumulative process affecting all humans, then—each year beyond, say, 60, should show an increased incidence of neurobiologic degeneration. If, on the other hand, there exists amongst us a dementia-resistant subset, we would expect such individuals to begin to show up more readily beyond the age, say, of 90.

We have only anecdotal evidence, from the various dementia clinics that while AD may extent into one's nineties; rarely does it seem to *start* beyond that age.

Thus, if this 1974 observation is representative of the age-related epidemiology of Alzheimer's disease, then I am the bearer of wonderful news: if you have no cognitive loss at age 90, the chances of then developing AD is very, very small. As a 90 year old, I find this a comforting observation; somewhat diminished in impact, admittedly and perhaps soberingly similar to being told reassuringly that 90 year old males never develop primary urethral gonorrhoea. Illusions are reserved for children and Red Sox fans. At age 90, if nothing else, it is time to be earnest.

This being New England, let me end by sharing something of the life of Ralph Waldo Emerson, the sage of Concord, perhaps America's most authentic voice—and, in the end, a victim of AD.

Young Ralph was born to a patrician family that cherished education yet was visibly proud of its genteel poverty. He attended Harvard College, paying his tuition by working as an errand boy. By virtue of his later attendance at Harvard's Divinity School, he was ordained in 1826 and appointed as pastor to Boston's Unitarian Church. These were stressful years for Emerson, plagued then with chronic lung disease (probably tuberculosis), requiring periodic intervals of bedrest.

After 1832, when Emerson's wife died, he abandoned a career as clergy, particularly so since his transcendental views on sin, grace, ritual and individuality were at marked variance with the established views of the church. He then embarked upon an extended tour of Europe, developing enduring friendship with Wordsworth, Coleridge and Carlyle. And from 1833 forth, he devoted himself to a career as a secular writer and lecturer.

His life, by outer appearances was "New England-plain" and well ordered. He paid his taxes, tutored his children and cultivated his garden. But these years of domesticity were also years of spiritual and intellectual ferment. He found much inner strength within himself; and others, increasingly, looked to him and his serene composure, as a beacon of insight and stability.

**To those
approaching 90:
be confident—it
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The year 1872 was a turning point in Emerson's life. He now experienced an unexpected obstacle: a gradual deterioration in his rhetorical faculties. Where formerly he had great ease in talking with neither notes nor preparation, he now encountered grievous problems in fashioning sentences—or even finding the appropriate noun. A poem, written perhaps more as a personal memorandum than as a poem, demonstrates clearly than he was fully aware of his cognitive deficits.

It is time to be old,
To take in sail:
The god of bounds,
Who sets to seas a shore,
Came to me in his fatal rounds,
And said: "No more !"

By age 70, Emerson had given up writing, declaring that "his pen refused to spell." The terminal lines, perhaps the culmination of his life's eventful voyage, read as follows:

The port, well worth the cruise,
is near,
And every wave is charmed.

His was a life "well-worth the cruise" where "Every wave is charmed," And in the end—although he no longer recognized himself—he was at peace. (Oh, that this were so for the multitude of our elderly whose faculties have been wrecked on the shoals of dementia, whose identities have been stolen, and whose very purpose in life has been misplaced somewhere in a disarray of yesterdays.)

To those approaching 90: be confident—it looks better than being confused or uncertain. And, of course, be ebullient; perhaps not the uncompromising factiousness of syphilitic dementia, but an insouciance appropriate to your age.

And what impediments will challenge you? First, a geriatric existentialism, a form of nihilism that denies any reality beyond a radius of ten meters. Certainly, then, a compassion-fatigue—a response to the overwhelming human wreckage that abides about us. And, necessarily, also, a survivor-guilt, being both alive and communicative.

And finally, a recognition that of the numberless cognitive faculties that are failing, if but one persists—humor—it is sufficient.

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The author and his spouse/significant other have no financial interests to disclose.

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