

4<sup>th</sup> International Conference on

# BRAIN DISORDERS AND DEMENTIA CARE

*August 14-16, 2017 | Toronto, Canada*

## Can caloric restriction prevent ageing and dementia? Lessons learned from anorexia nervosa

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Ageing, encompassing physical, psychological, and social changes, represents the accumulation of changes in human beings over time. The biological reasons of getting old are still uncertain: the accumulation of DNA damage due to oxidation processes and the planned ageing related to DNA methylations leading to programmed cell death (apoptosis) are claimed as the most likely determinants of the ageing process. Ageing is the greatest known risk factors for most human diseases. About two thirds of the deaths worldwide are due to age-related causes. The word dementia describes a decline in memory or other thinking skills or mental abilities severe enough to reduce a person's ability to perform everyday activities. Although dementia is an age-related disease (both incidence and prevalence increase with increasing age), many older adults maintain enough cognitive abilities to function well and strategies aimed at preventing dementia are effective. Prevention focuses on countering risk factors for vascular disease, such as diabetes, midlife hypertension, midlife obesity, midlife cholesterol, mid- and late-life depression as well as lifestyle factors such as smoking, physical inactivity, and poor diet. Anorexia nervosa is an eating disorder characterized by weight loss (or lack of appropriate weight gain in growing

children); difficulties maintaining an appropriate body weight for height, age, and stature; and in many individuals, distorted body image. People with anorexia generally restrict the number of calories and the types of food they eat. Some people with the disorder also exercise compulsively, purge via vomiting and laxatives, and/or binge eat. Anorexia can affect people of all ages, genders, sexual orientations, races, and ethnicities. Historians and psychologists have found evidence of people displaying symptoms of anorexia for hundreds or thousands of years. People in non-Westernized areas, might also be diagnosed with anorexia nervosa. Although the disorder most frequently begins during adolescence, an increasing number of children and older adults are affected nowadays. There is a necessity to focus on questions like: Are there scientific evidences of a different age- and health- lifespan in persons affected by Anorexia compared to the general population? Which is the available literature on Anorexia Nervosa on senile age? Is it possible to prevent dementia through caloric restriction? Does body weight have an influence on dementia development? Does Anorexia Nervosa have lessons to teach to dementia researchers and policy makers?

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