

Healthy cognitive ageing

Ian Deary



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and Cognitive Epidemiology

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Research for Healthy Ageing



The Scottish Mental Surveys of 1932 and 1947

THE SCOTTISH COUNCIL FOR RESEARCH IN EDUCATION

Scottish Mental Survey 1932

THE
INTELLIGENCE OF
SCOTTISH
CHILDREN

A NATIONAL SURVEY OF AN AGE-GROUP

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TEST*

*SUITABLE FOR PUPILS OF
TEN AND ELEVEN YEARS OF AGE*

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Scottish Mental Survey 1947

THE TREND OF
SCOTTISH INTELLIGENCE

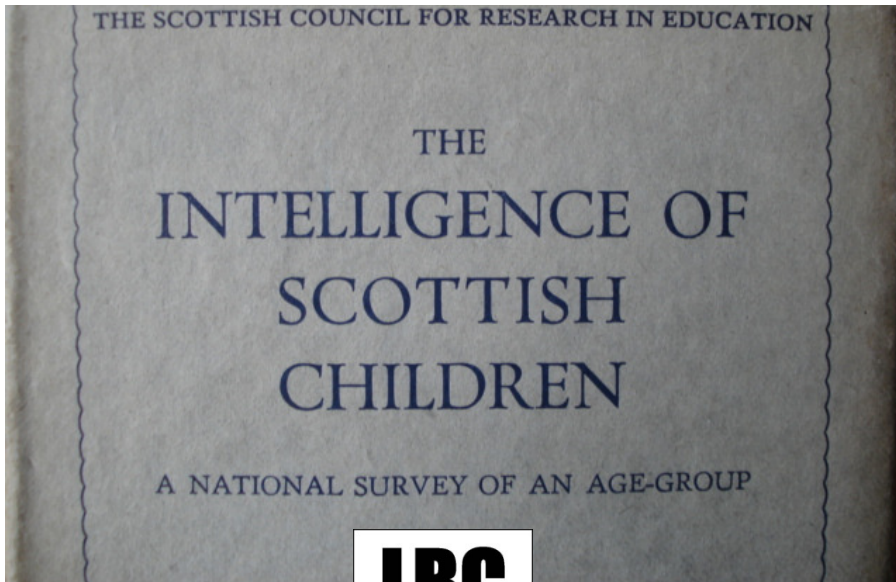
A COMPARISON OF THE
1947 AND 1932 SURVEYS OF THE INTELLIGENCE
OF ELEVEN-YEAR-OLD PUPILS

The Scottish Mental Surveys' ledgers



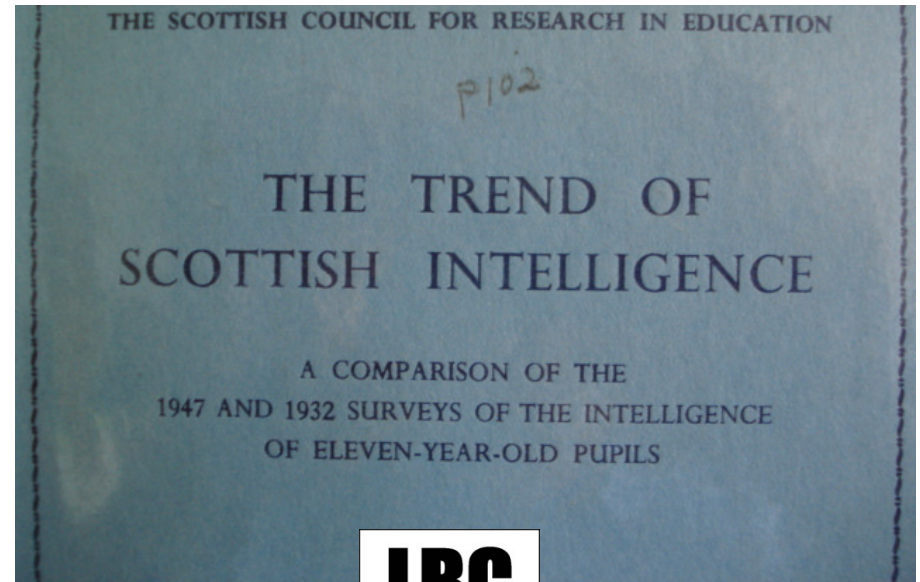
The Lothian Birth Cohorts 1921 and 1936

Scottish Mental Survey 1932



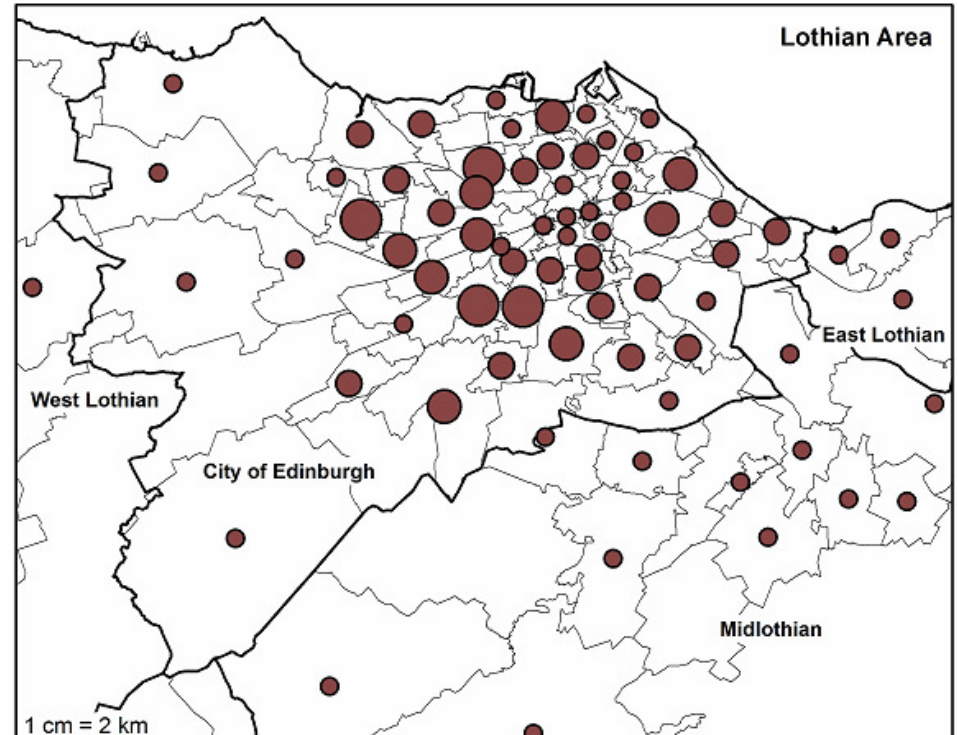
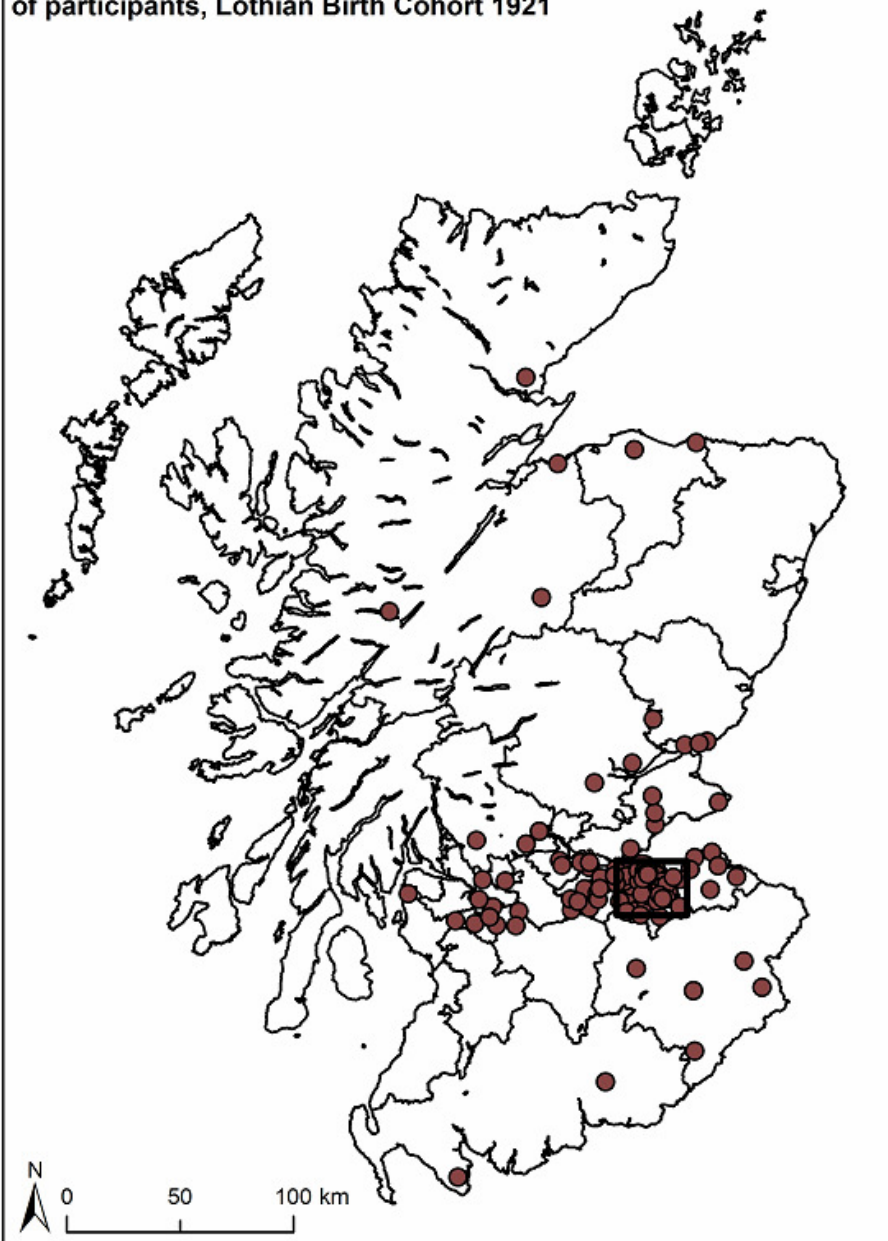
LBC
1921

Scottish Mental Survey 1947



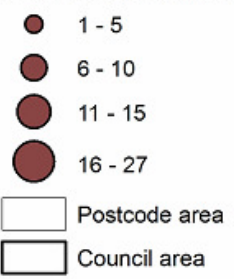
LBC
1936

Current place of residence or last known address of participants, Lothian Birth Cohort 1921



Lothian Birth Cohort 1921 (n = 552*)

Number of participants per postcode area



*Excluding 17 participants living outside Scotland.

Cartography:
Centre for research on environment, society and health (CRESH)
University of Edinburgh 2012

Shapefiles provided by the Boundary Commission for Scotland 2012,
based on data from Ordnance Survey and National Records of Scotland.

Lothian Birth Cohort 1921

N = 550

Age 79 in 2000

...and 83 in 2004

...and 87 in 2008

...and 90 in 2011

...and 92 in 2013

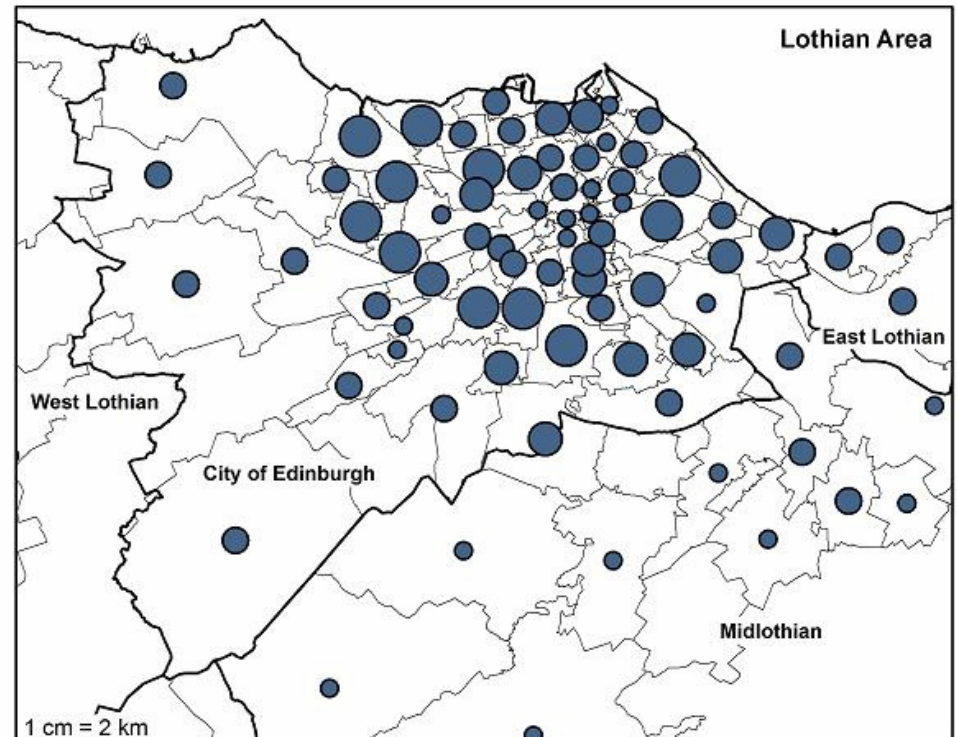
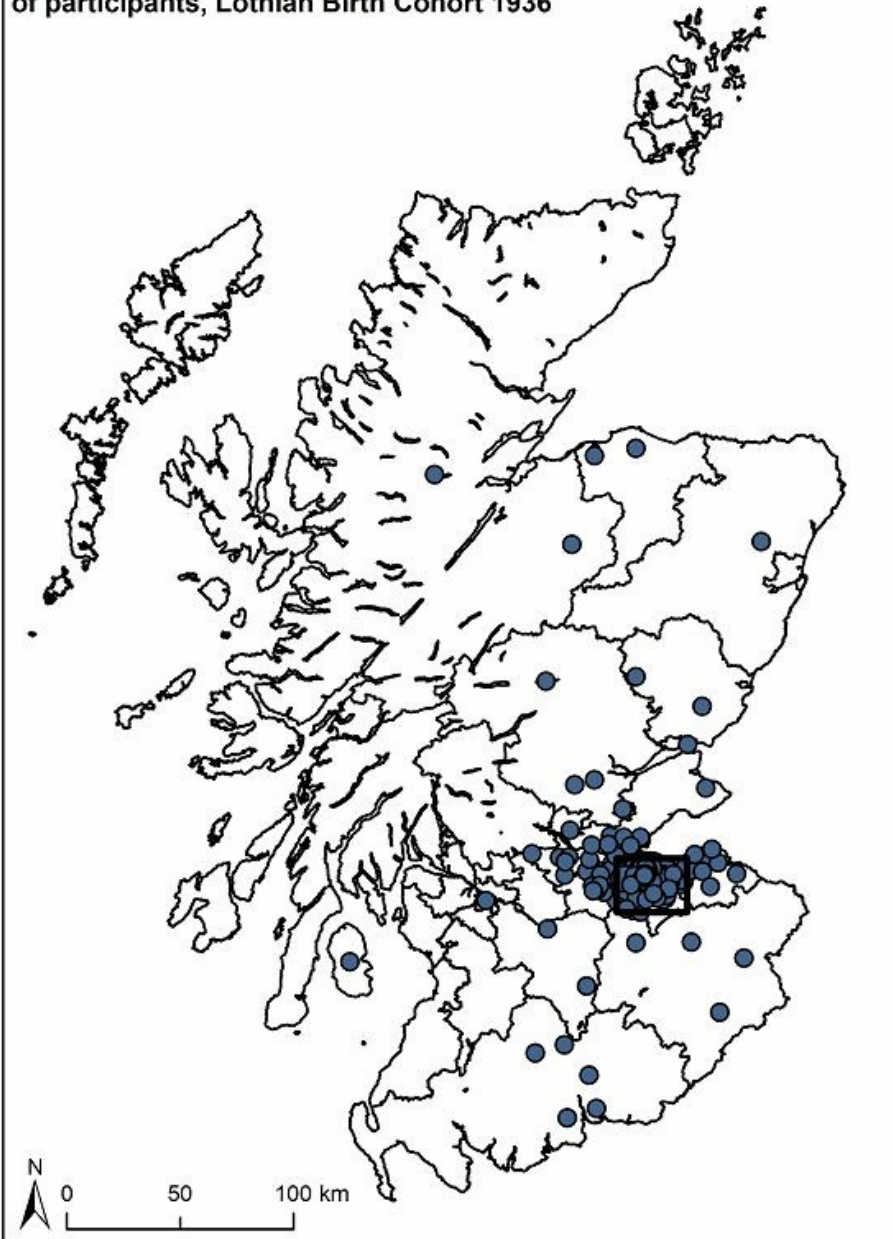
Age 11 in 1932

Deary et al. (2004) *Journal of Personality and Social Psychology*, 86, 130-147.

Deary et al. (2012) *International Journal of Epidemiology*, 41, 1576-1584.

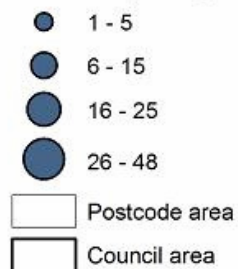


Current place of residence or last known address of participants, Lothian Birth Cohort 1936



Lothian Birth Cohort 1936 (n = 1087*)

Number of participants per postcode area



*Excluding 4 participants living outside Scotland.



Cartography:
Centre for research on environment, society and health (CRESH)
University of Edinburgh 2012

Shapefiles provided by the Boundary Commission for Scotland 2012,
based on data from Ordnance Survey and National Records of Scotland.

Lothian Birth Cohort 1936

N = 1091

Age... 70 in 2006

...and 73 in 2009

...and 76 in 2012

Age 11 in 1947

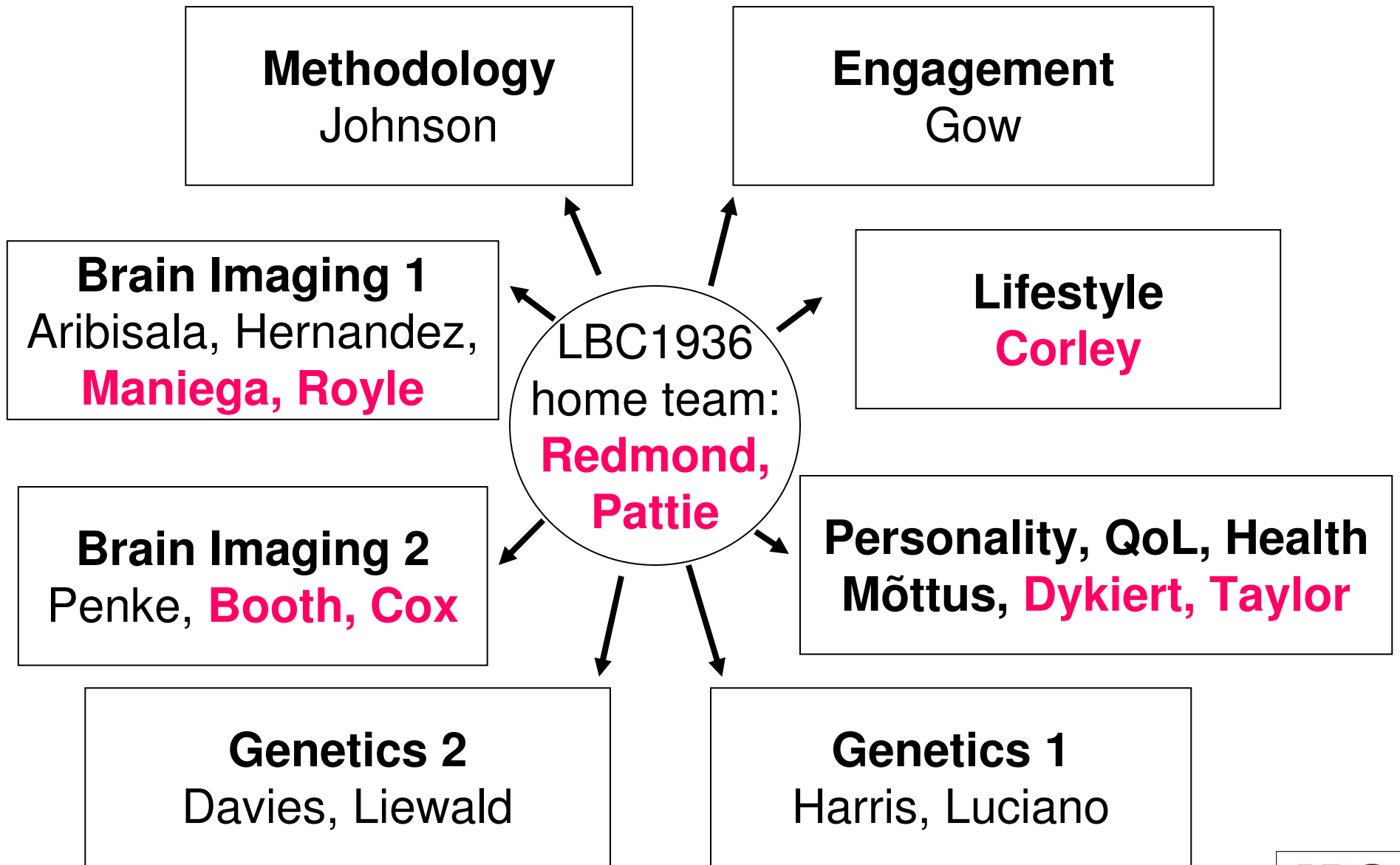
Deary et al. (2007) *BMC Geriatrics*, 7, 28.

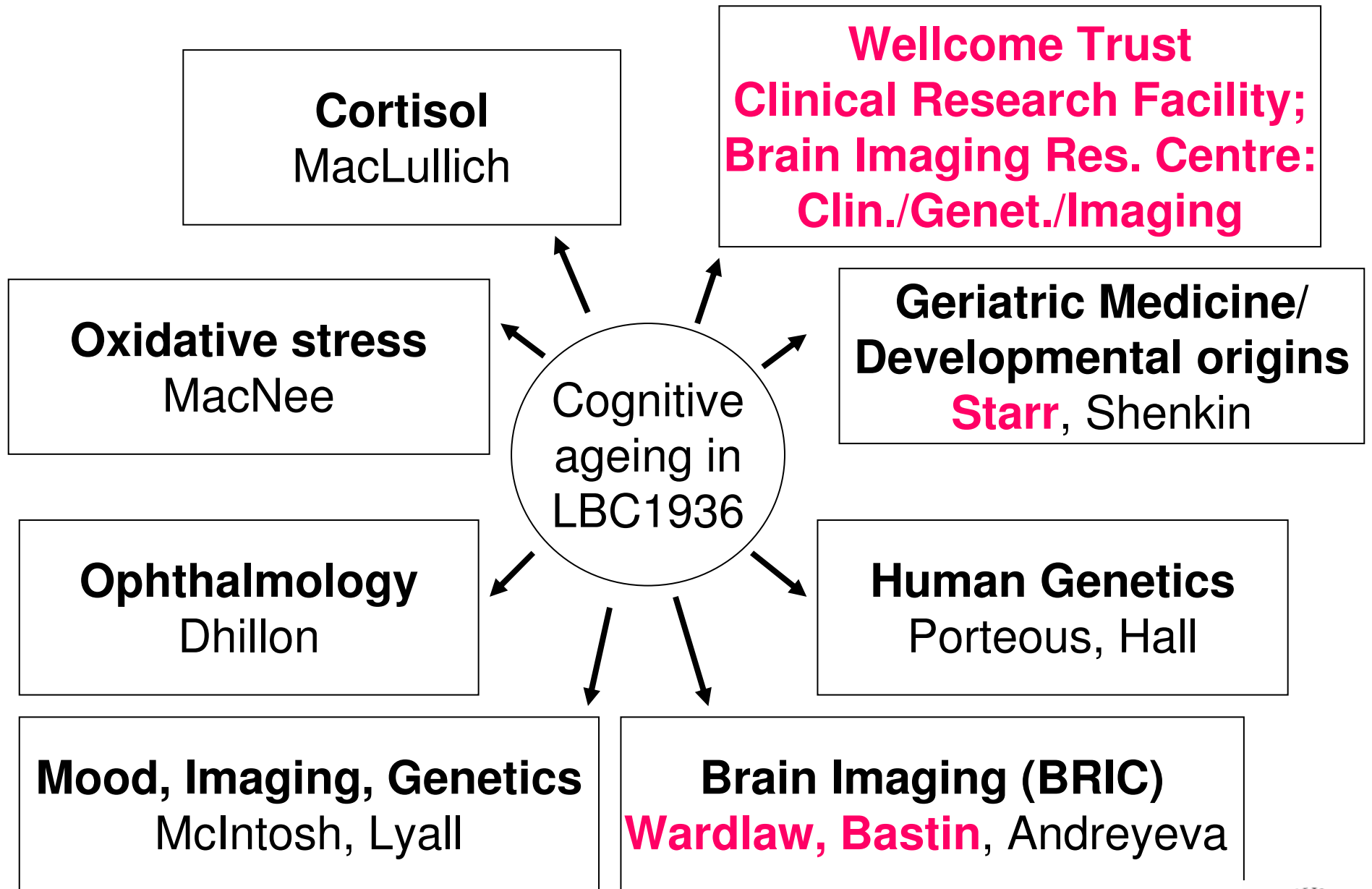
Deary et al. (2012) *International Journal of Epidemiology*, 41, 1576-1584.





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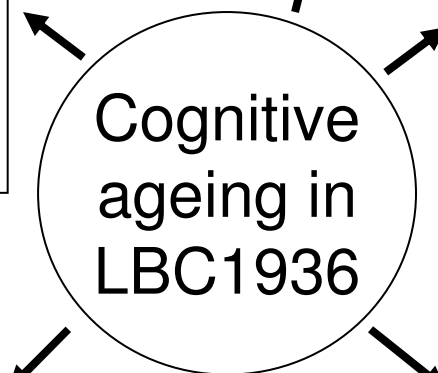




Brain cortical thickness
Evans/Karama: Montreal

Diet & nutrition
McNeill: Aberdeen

GWAS
Visscher: Brisbane



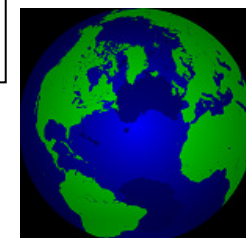
Biomarkers
Sattar: Glasgow

Proteomics
Mischak: Glasgow

Blood brain barrier
Abbott: KC London

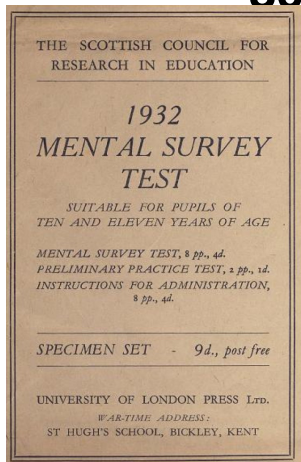
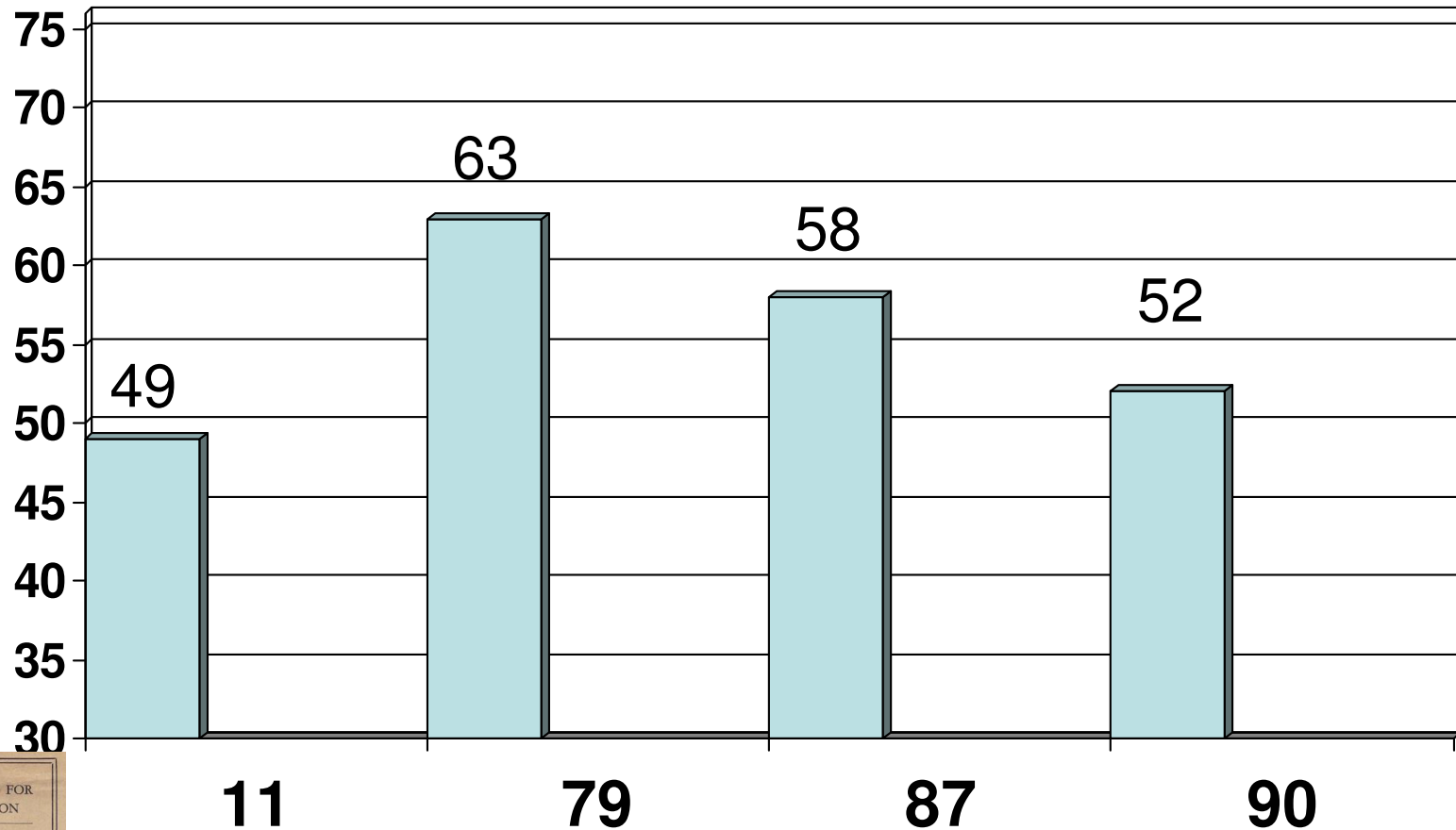
Immunology
Moss: Birmingham

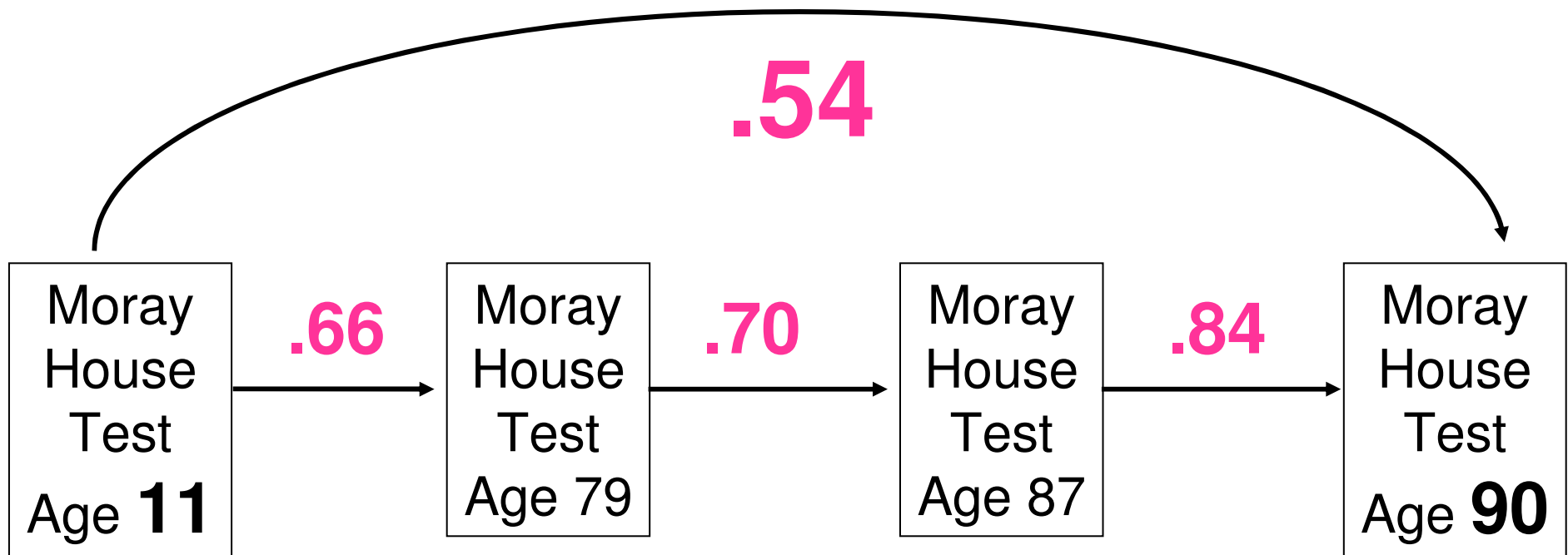
Telomeres
Von Zglinicki: Newcastle



Finding factors that influence cognitive ageing

Mean Moray House Test scores in Lothian Birth Cohort 1921

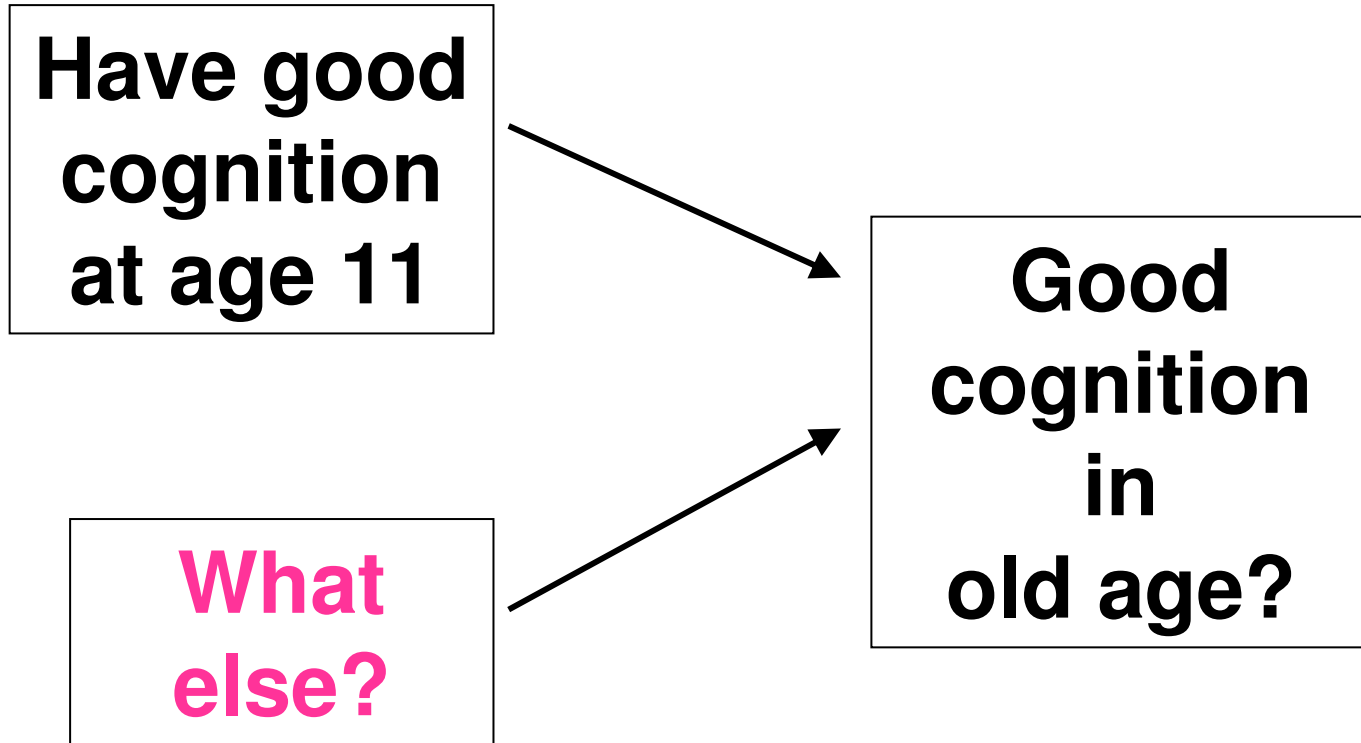




Deary et al. (2004) *Journal of Personality and Social Psychology*, 86, 130-147.

Gow et al. (2011) *Psychology and Aging*, 26, 232-240.

Deary et al. (in press) *Psychological Science*.



Social and lifestyle factors

- Alcohol*
- Caffeine*
- Other dietary intakes* ...

- Body mass index*
- Smoking
- Cholesterol

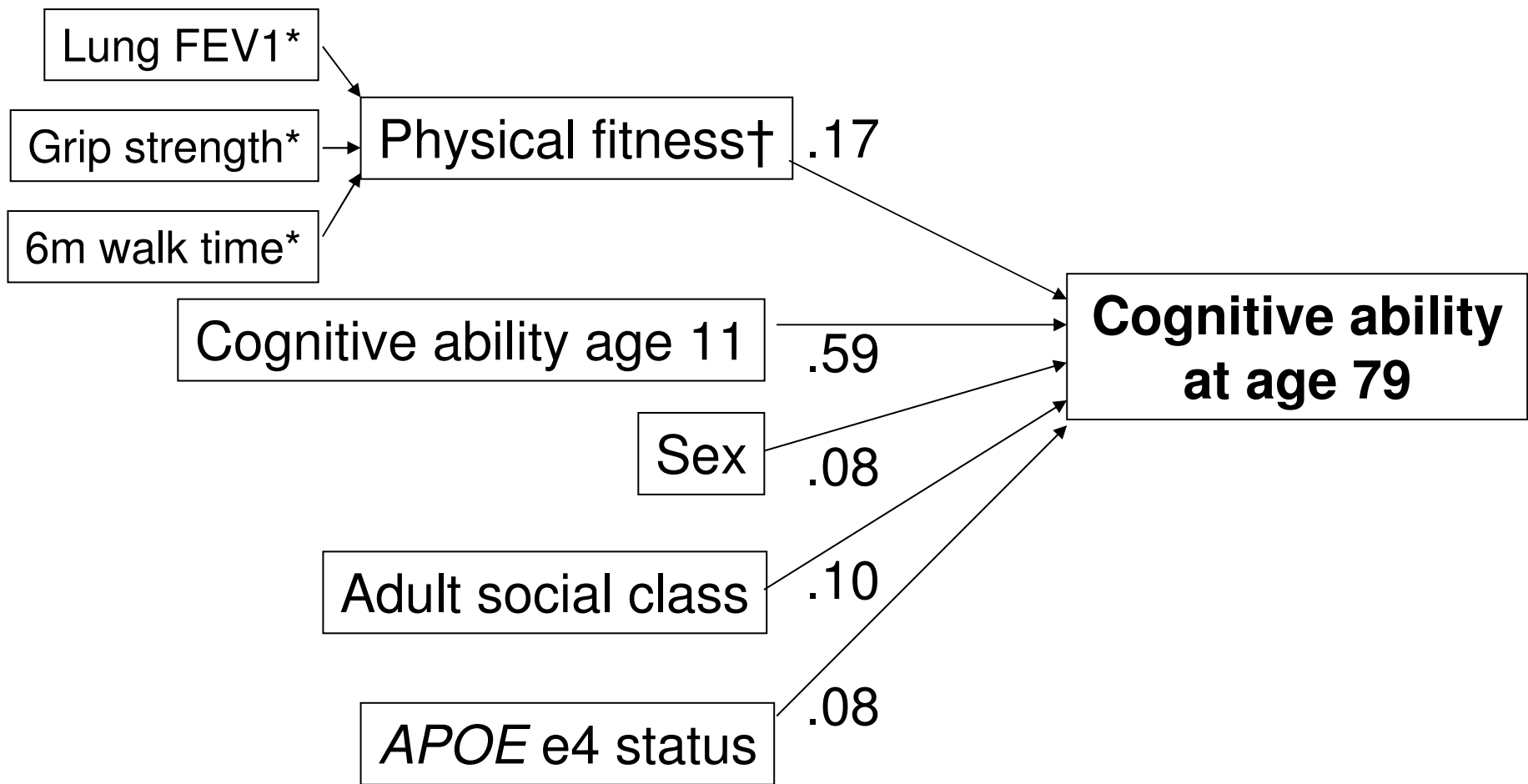
- Activities/engagement*
- Occupation
- Education
- Bilingualism

- Etc.

Physical fitness and lifetime cognitive change

Ian J. Deary, PhD; Lawrence J. Whalley, MD; G. David Batty, PhD; and John M. Starr, MD

Abstract—*Objective:* To test the hypothesis that physical fitness is associated with more successful cognitive aging.
Methods: Surviving participants (N = 460) of the Scottish Mental Survey of 1932 were tested on the same general



Alcohol and cognitive ageing

	eta ²	eta ² : adjusted for age 11 MHT	eta ² : adjusted for adult social class
General fluid cognition	.021*	.005	.008
Processing speed	.017*	.007	.008
Memory	.034*	.012*	.021*

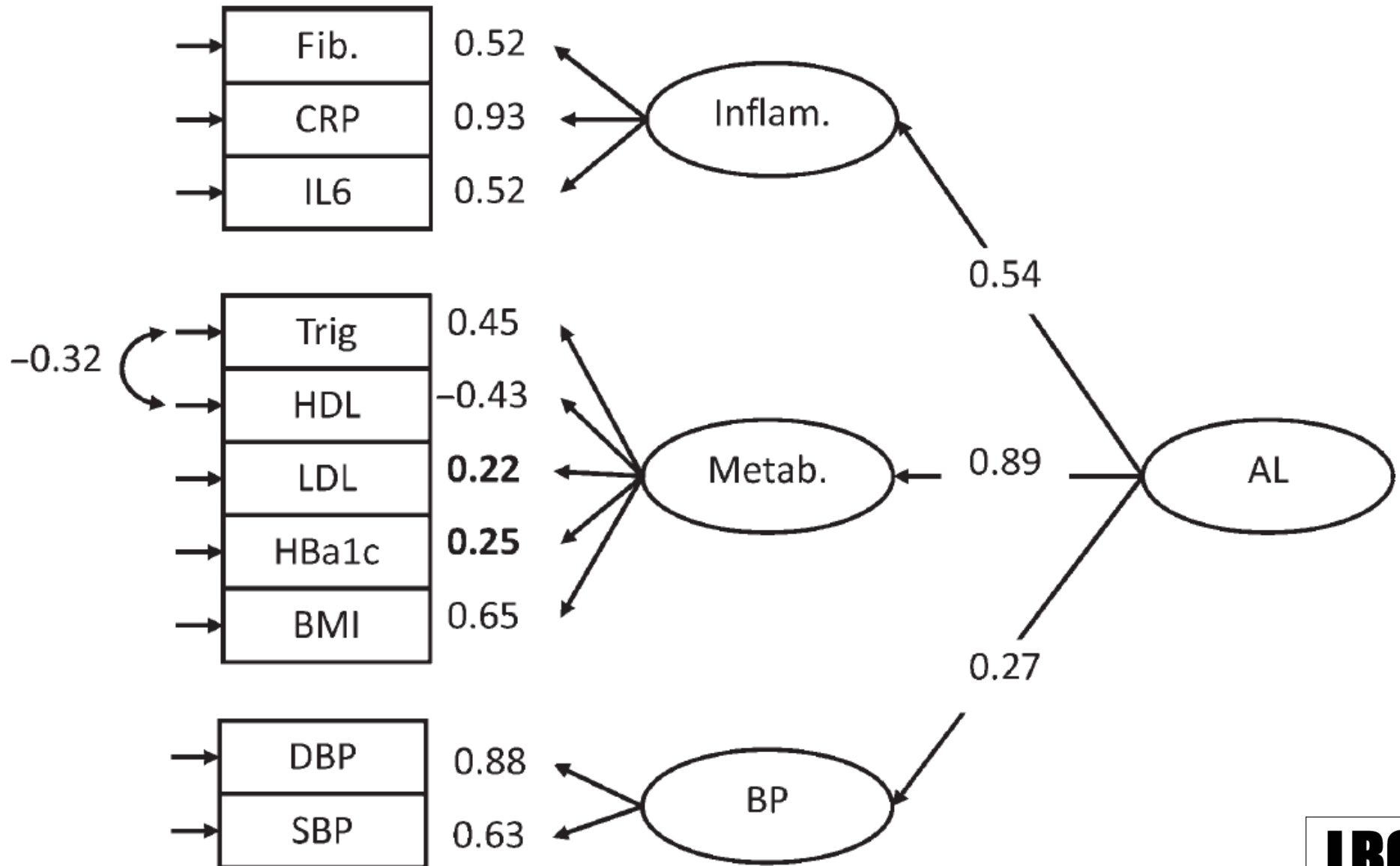
Bio-medical factors

- **Cytomegalovirus infection***
- **C-reactive protein*, etc.**
- **Telomere length**
- **Oxidative stress**
- **S100 β**
- **Retinal vessel topography**
- **Carotid artery stenosis**
- **Atherosclerotic indices**
- **Several others...**

Cytomegalovirus infection (yes/no) and cognitive ageing

	eta ²	eta ² : adjusted for childhood overcrowding	eta ² : adjusted for age 11 IQ
General fluid cognition	.012*	.004*	.003
Processing speed	.003	.000	.000
Memory	.004*	.001	.000

Allostatic load in the Lothian Birth Cohort 1936



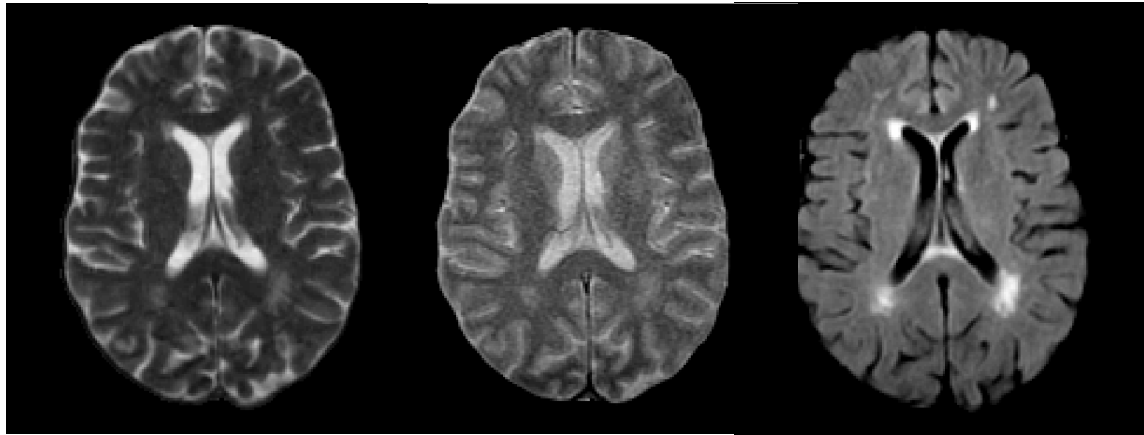
Booth et al. (2013) *American Journal of Human Biology*, 25, 538-543.

Brain imaging, especially white matter integrity

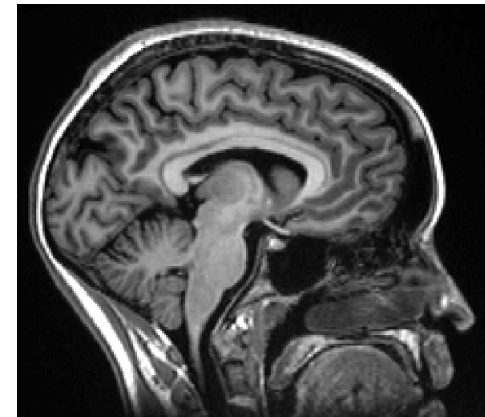
T₂W

T₂*W

FLAIR



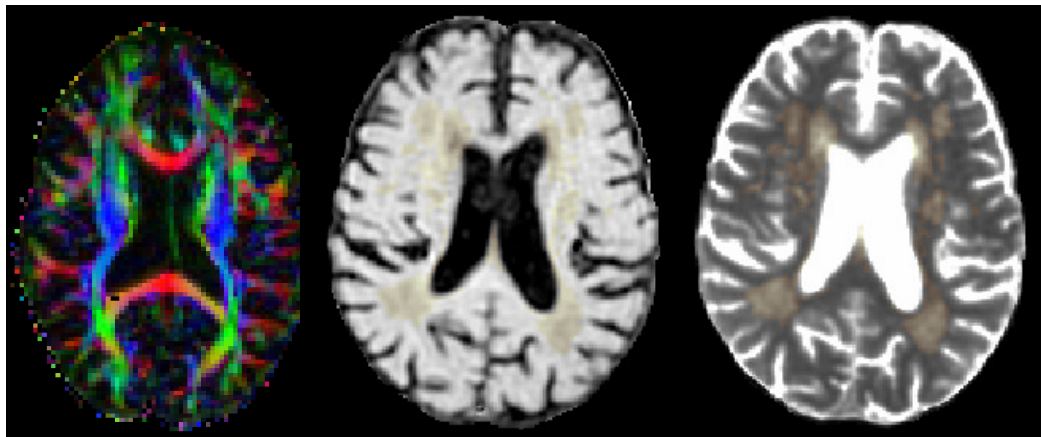
T₁W volume



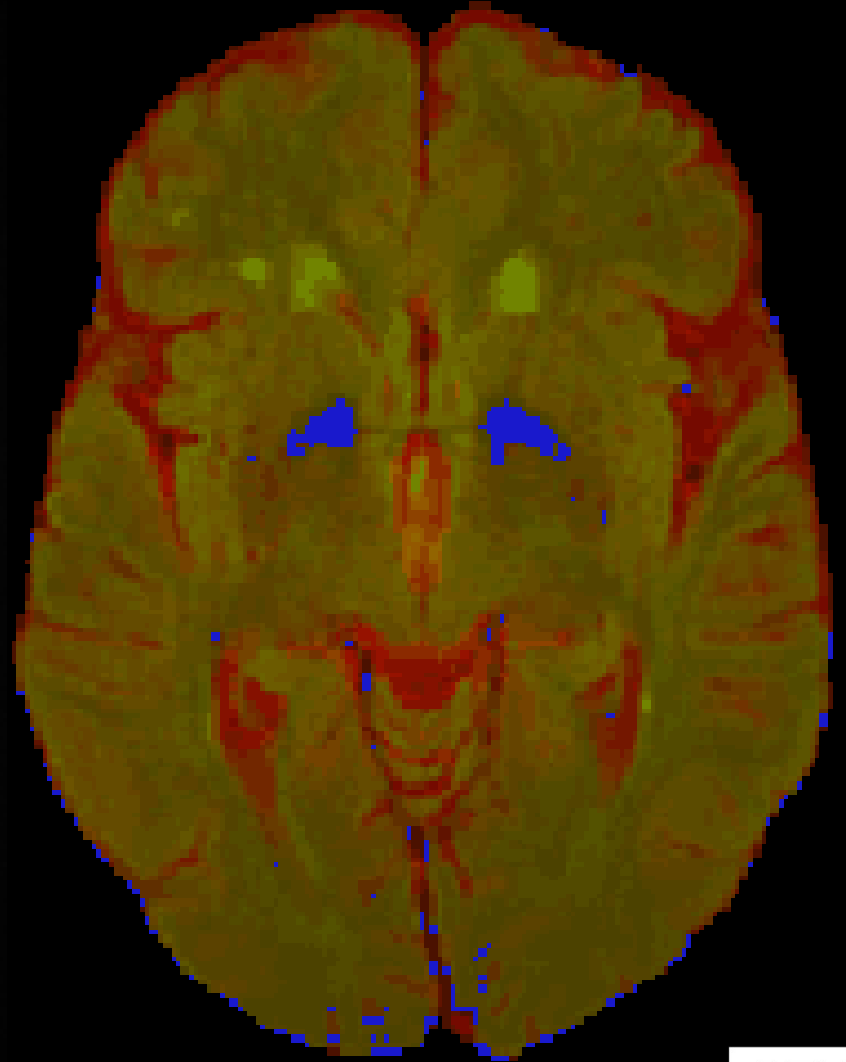
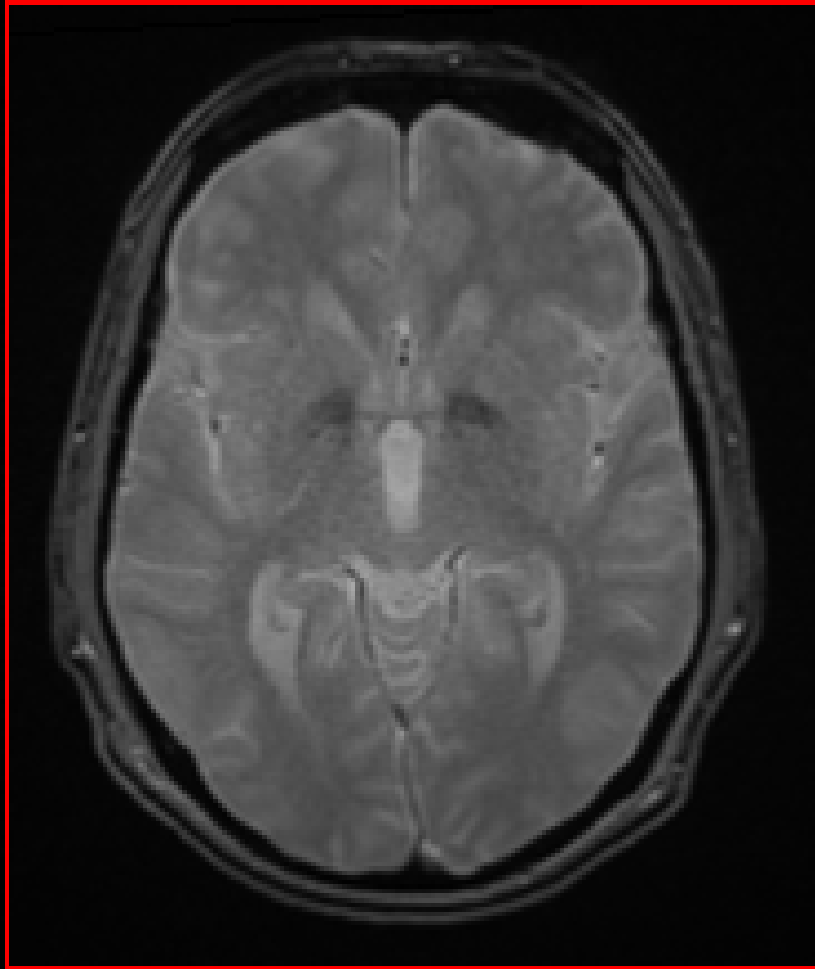
DTI

MTI

T₁-mapping



Brain iron deposits



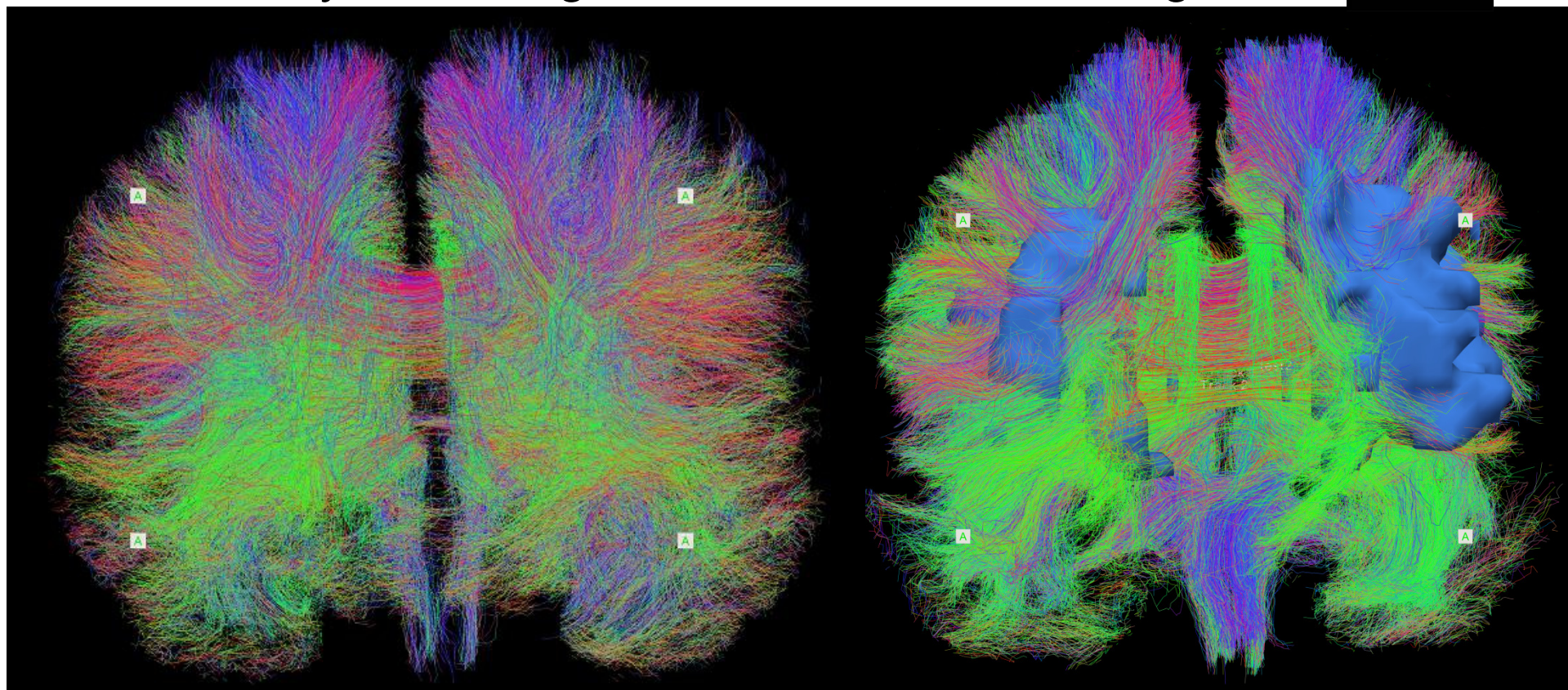
Penke, Valdes Hernandez et al. (2012) *Neurobiology of Aging*, 33, 510-517.

LBC

1936

Early middle age

Age 73



Images courtesy of Mark Bastin.



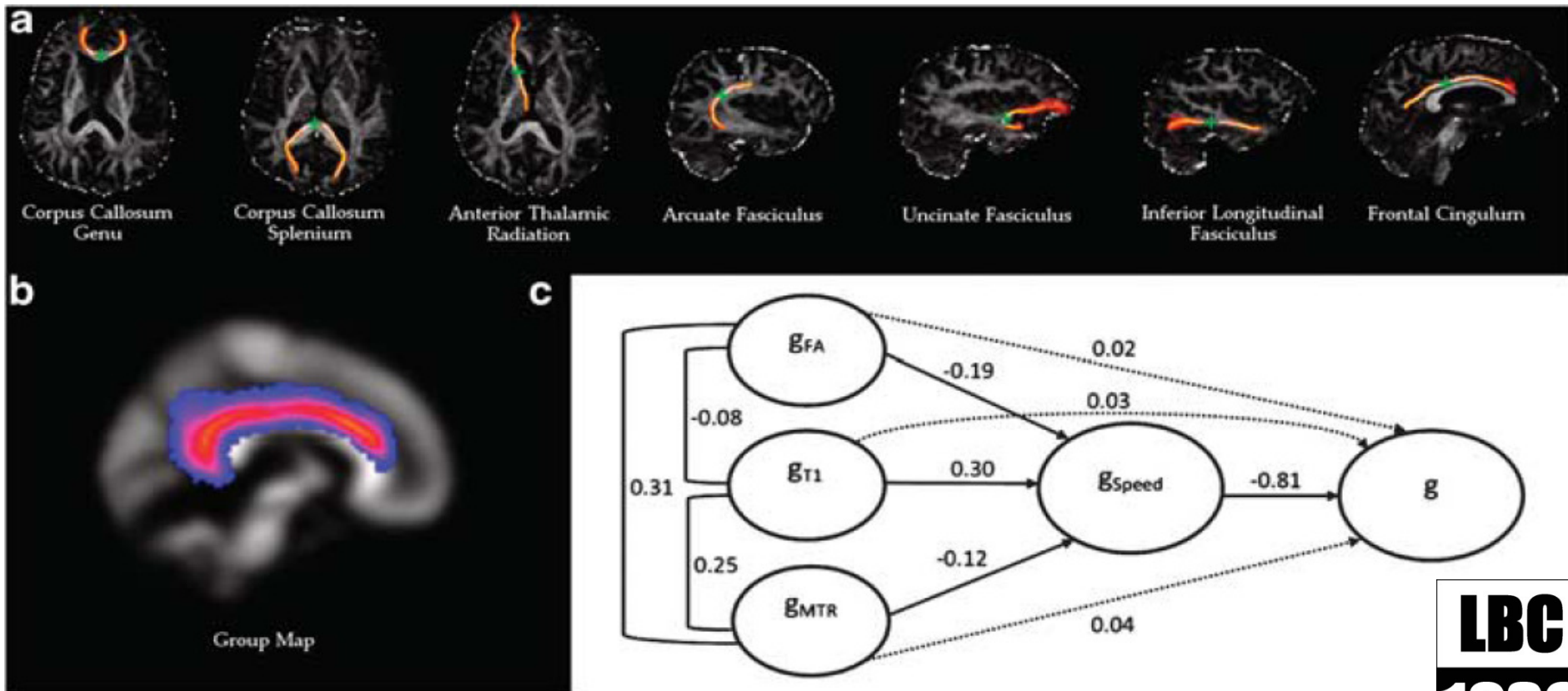
**BRAIN RESEARCH
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Edinburgh

ORIGINAL ARTICLE

Brain white matter tract integrity as a neural foundation for general intelligence

L Penke^{1,2,3}, S Muñoz Maniega^{1,3,4}, ME Bastin^{1,3,4,5}, MC Valdés Hernández^{1,3,4}, C Murray², NA Royle^{1,3,4}, JM Starr^{1,6}, JM Wardlaw^{1,3,4} and IJ Deary^{1,2,3}

General intelligence is a robust predictor of important life outcomes, including educational and occupational attainment, successfully managing everyday life situations, good health and longevity. Some neuronal correlates of intelligence have been



Penke et al. (2012) *Molecular Psychiatry*, 17, 1026-1030.

Gow et al. (2012) *Psychology & Aging*, 27, 250-255.

BRIEF REPORT

Reverse Causation in Activity-Cognitive Ability Associations: The Lothian Birth Cohort 1936

Alan J. Gow, Janie Corley, John M. Starr, and Ian J. Deary
University of Edinburgh

Active lifestyles might protect cognitive abilities; however, studies rarely consider the reverse causal direction. Activity-cognition associations might reflect stable intelligence differences rather than a protective effect of activity. The Lothian Birth Cohort 1936 ($n = 1091$) completed cognitive tests aged 70, having taken an intelligence test aged 11. Activity (assessed by participation in 15 activities that produced a socio-intellectual activity factor, and by physical activity) was positively associated with cognition ($r = .08$ to $.32$, $p \leq .05$). When age-11 IQ and adult social class were controlled, only physical activity remained significantly associated with general cognitive ability and processing speed.

Keywords: prior cognitive ability, cognitive ability, activity participation, physical activity, reverse causation

Neuroprotective lifestyles and the aging brain

Gow et al. (2012) *Neurology*, 79, 1802-1808.

Activity, atrophy, and white matter integrity



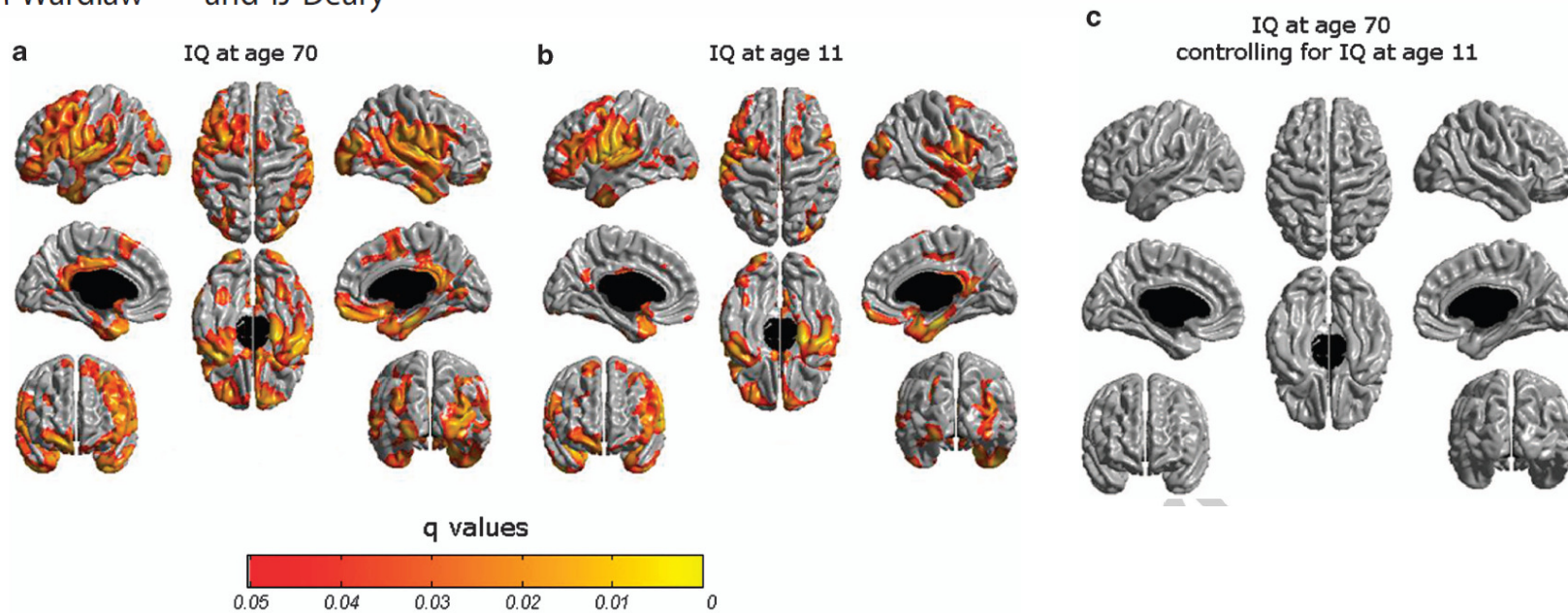
Reported physical activity and brain ageing

	Standard β	β adjusted for age 11 IQ	β adjusted for age 11 IQ, class, disease
Brain white matter integrity	.10*	.10*	.07
Brain atrophy	-.11*	-.11*	-.09*

ORIGINAL ARTICLE

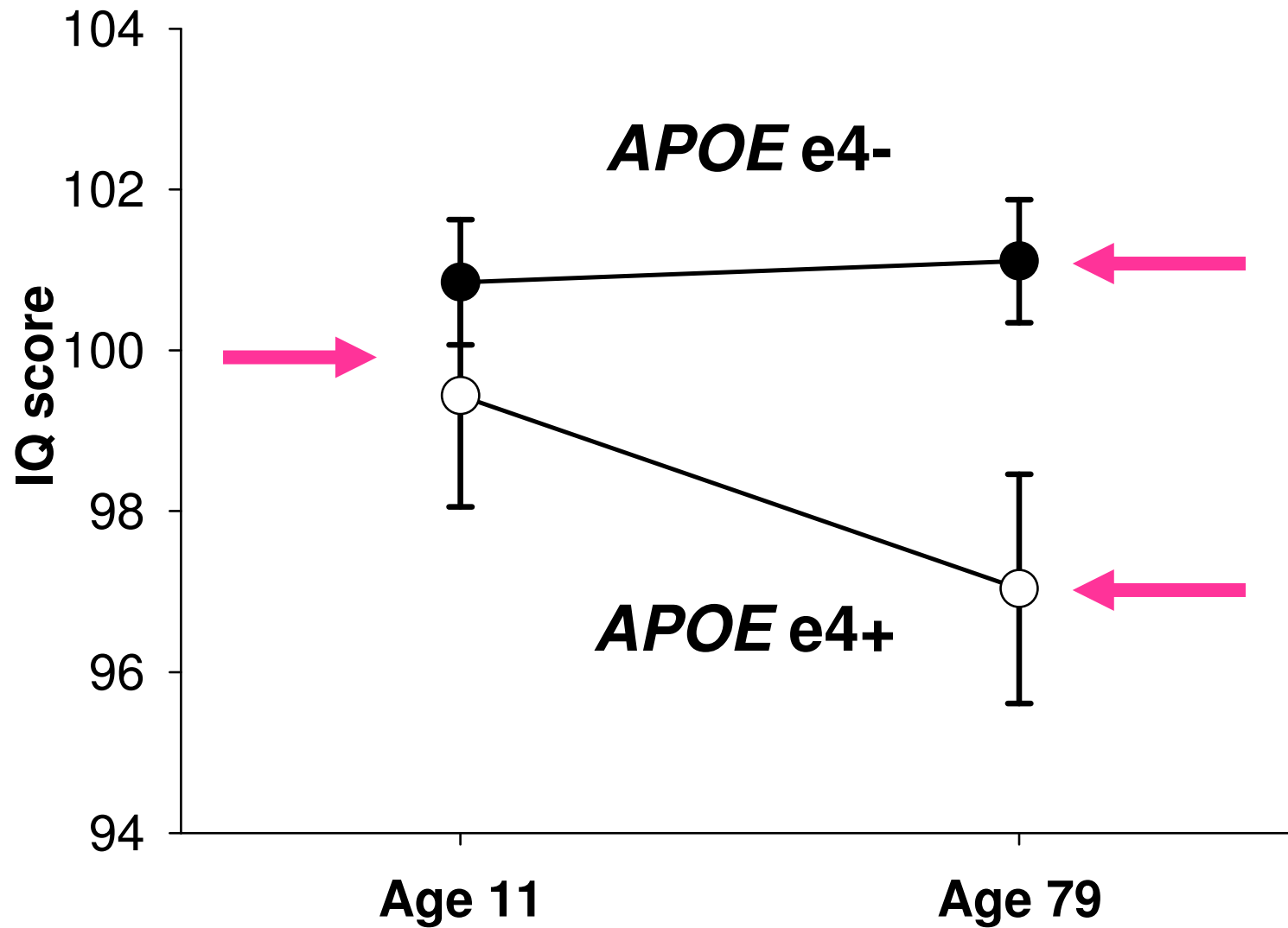
Childhood cognitive ability explains associations between cognitive ability and brain cortical thickness in old age

S Karama^{1,2}, ME Bastin^{3,4,5}, C Murray⁶, NA Royle^{3,4,5}, L Penke^{4,5,6}, SM Maniega^{3,4,5}, AJ Gow^{4,6}, J Corley⁶, Mdel CV Hernández^{3,4,5}, JD Lewis¹, M-É Rousseau¹, C Lepage¹, V Fonov¹, DL Collins¹, T Booth^{4,6}, P Rioux¹, T Sherif¹, R Adalat¹, JM Starr^{4,7}, AC Evans¹, JM Wardlaw^{3,4,5} and IJ Deary^{4,6}



Genetics

**Candidate gene and
Genome-wide association studies**



Deary et al. (2002) *Nature*, 418, 932.



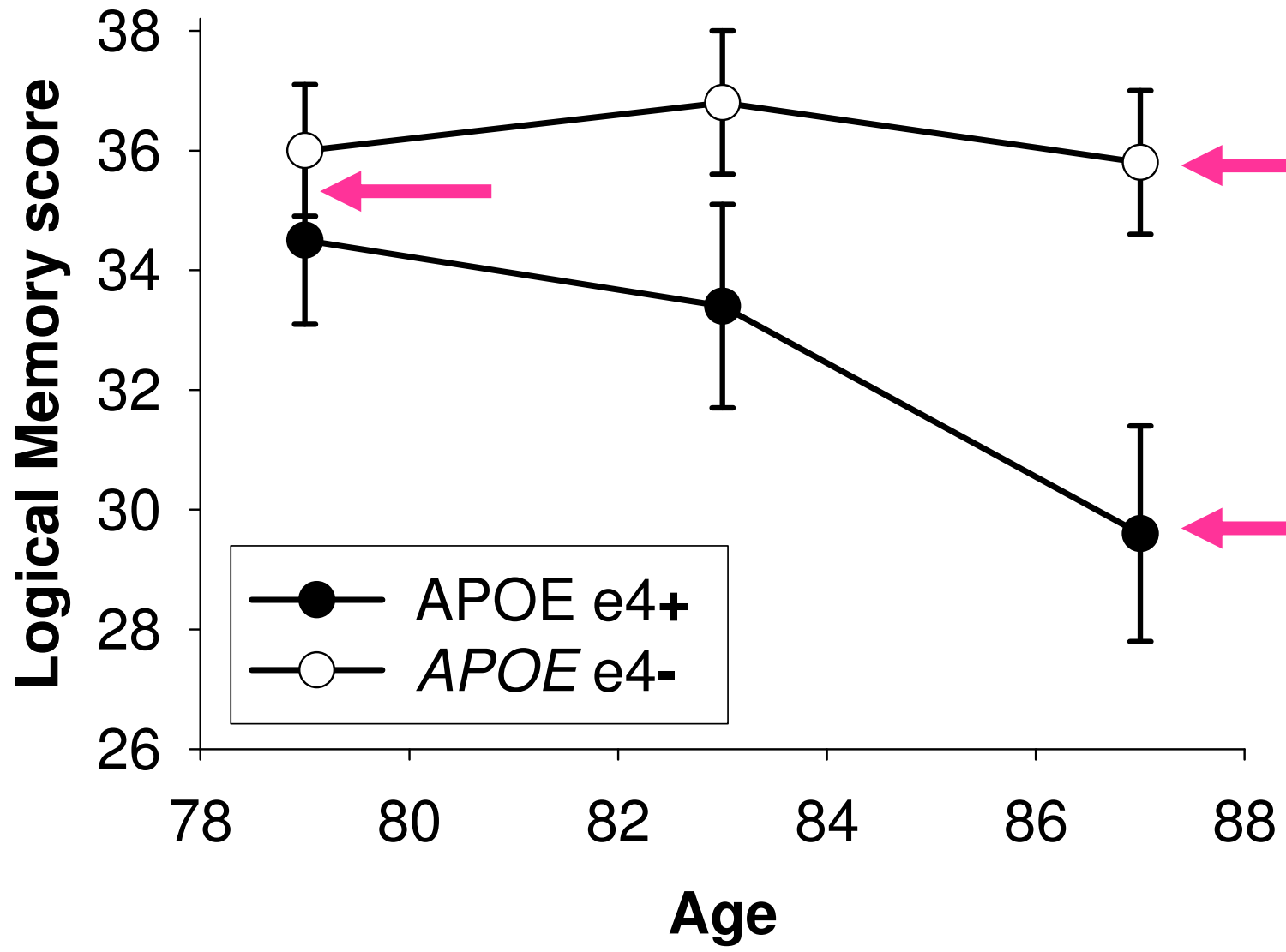
ORIGINAL ARTICLE

***APOE* E4 status predicts age-related cognitive decline in the ninth decade: longitudinal follow-up of the Lothian Birth Cohort 1921**

OJG Schiepers^{1,2}, SE Harris^{2,3}, AJ Gow², A Pattie⁴, CE Brett⁴, JM Starr^{2,5} and IJ Deary²

¹School for Mental Health and Neuroscience (MHeNS)/European Graduate School of Neuroscience (EURON), Department of Psychiatry and Neuropsychology, Maastricht University, Maastricht, The Netherlands; ²Centre for Cognitive Ageing and Cognitive Epidemiology, Department of Psychology, University of Edinburgh, Edinburgh, UK; ³Centre for Cognitive Ageing and Cognitive Epidemiology, Medical Genetics Section, University of Edinburgh, Edinburgh, UK; ⁴Department of Psychology, University of Edinburgh, Edinburgh, UK and ⁵Geriatric Medicine unit, University of Edinburgh, Royal Victoria Hospital, Edinburgh, UK

Carriers of the *APOE* E4 allele have an increased risk of developing Alzheimer's disease. However, it is less clear whether *APOE* E4 status may also be involved in non-pathological cognitive ageing. The present study investigated the associations between *APOE* genotypes and cognitive change over 8 years in older community-dwelling individuals. *APOE* genotype was determined in 501 participants of the Lothian Birth Cohort 1921, whose intelligence had been measured in childhood in the Scottish Mental Survey 1932. Δ polymorphic variant of



Schiepers et al. (2012) *Molecular Psychiatry*, 17, 315-324.



illumina

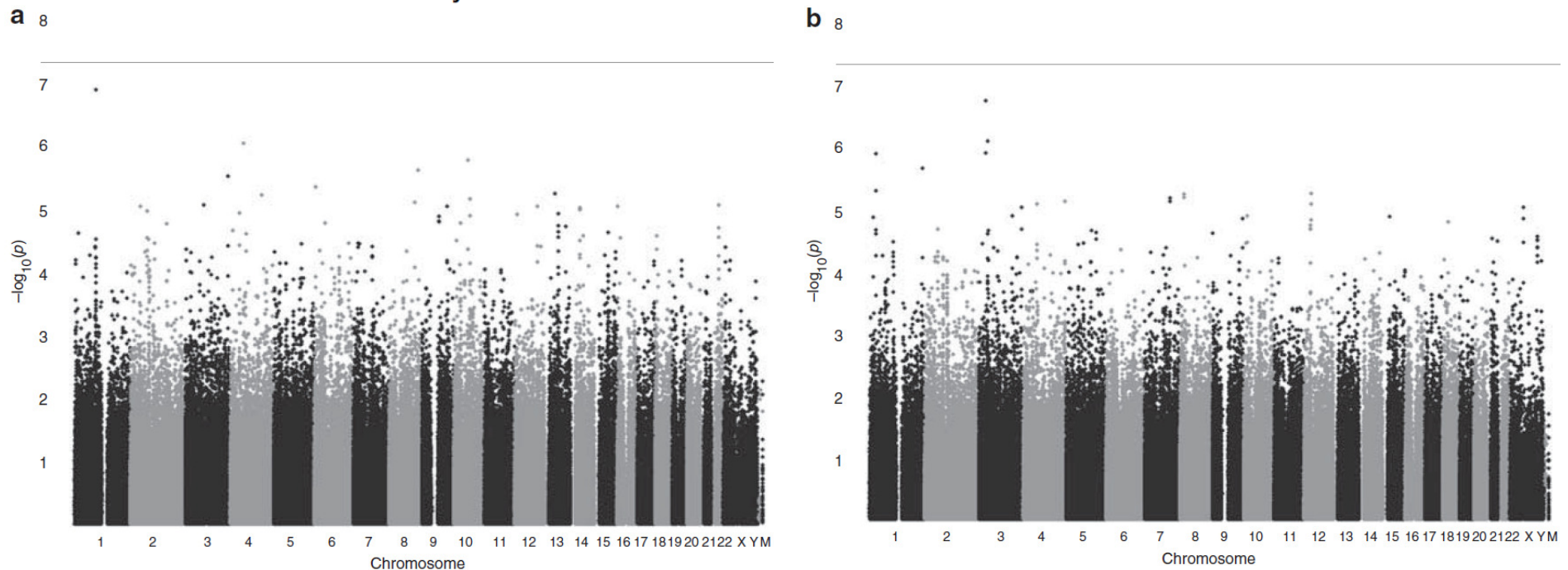
4115825154



IMMEDIATE COMMUNICATION

Genome-wide association studies establish that human intelligence is highly heritable and polygenic

G Davies¹, A Tenesa^{2,3}, A Payton⁴, J Yang⁵, SE Harris^{6,7}, D Liewald^{1,7}, X Ke⁸, S Le Hellard⁹, A Christoforou⁹, M Luciano^{1,7}, K McGhee¹, L Lopez^{1,7}, AJ Gow^{1,7}, J Corley¹, P Redmond¹, HC Fox¹⁰, P Haggarty¹¹, LJ Whalley¹⁰, G McNeill¹⁰, ME Goddard^{12,13}, T Espeseth¹⁴, AJ Lundervold¹⁵, I Reinvang¹⁴, A Pickles¹⁶, VM Steen^{9,17}, W Ollier⁴, DJ Porteous^{6,7}, M Horan¹⁸, JM Starr^{7,19}, N Pendleton¹⁸, PM Visscher^{5,7,20} and IJ Deary^{1,7,20}

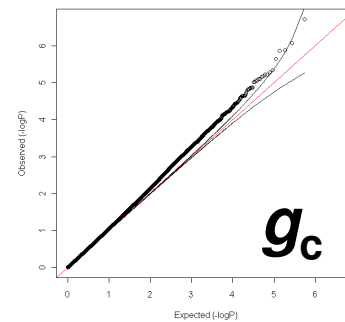
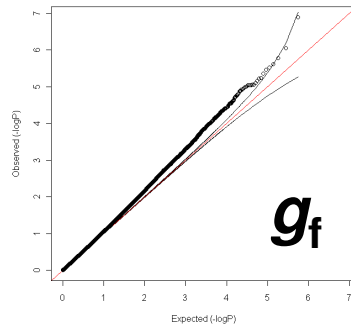


Davies et al. (2011) *Molecular Psychiatry*, 16, 996-1005.

Cognitive ability in older age is highly polygenic

40% - 51% of variation in cognition between individuals in older age is accounted for by genetic variants in LD with common SNPs

$$h^2=0.40$$



$$h^2=0.51$$

Genetic contributions to stability and change in intelligence from childhood to old age

Ian J. Deary^{1,2*}, Jian Yang^{3*}, Gail Davies^{1,2}, Sarah E. Harris^{2,4}, Albert Tenesa^{4,5}, David Liewald^{1,2}, Michelle Luciano^{1,2}, Lorna M. Lopez^{1,2}, Alan J. Gow^{1,2}, Janie Corley¹, Paul Redmond¹, Helen C. Fox⁶, Suzanne J. Rowe⁵, Paul Haggarty⁷, Geraldine McNeill⁶, Michael E. Goddard⁸, David J. Porteous^{2,4}, Lawrence J. Whalley⁶, John M. Starr^{2,9} & Peter M. Visscher^{2,3,10,11*}

Understanding the determinants of healthy mental ageing is a priority for society today^{1,2}. So far, we know that intelligence differences show high stability from childhood to old age^{3,4} and there are estimates of the genetic contribution to intelligence at different ages^{5,6}. However, attempts to discover whether genetic causes contribute to differences in cognitive ageing have been relatively uninformative⁷⁻¹⁰. Here we provide an estimate of the genetic and environmental contributions to stability and change in intelligence across most of the human lifetime. We used genome-wide single nucleotide polymorphism (SNP) data from 1,940 unrelated individuals whose intelligence was measured in childhood (age 11 years) and again in old age (age 65, 70 or 79 years)^{11,12}. We use a statistical method that allows genetic (co)variance to be estimated from SNP data on unrelated individuals¹³⁻¹⁷. We estimate that causal genetic variants in linkage disequilibrium with common SNPs account for 0.24 of the variation in cognitive ability change from childhood to old age. Using bivariate analysis, we estimate a genetic correlation between intelligence at age 11 years and in old age of 0.62. These estimates, derived from rarely available data on lifetime cognitive measures, warrant the search for genetic causes of cognitive stability and change.

life course are largely unreplicated²². Therefore, an important novel

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GENETICS

THE WISDOM
OF AGE

*Genes' influence on
intelligence is for life*

PAGES 165 & 212

Deary et al. (2012) *Nature*, 482, 212-215.



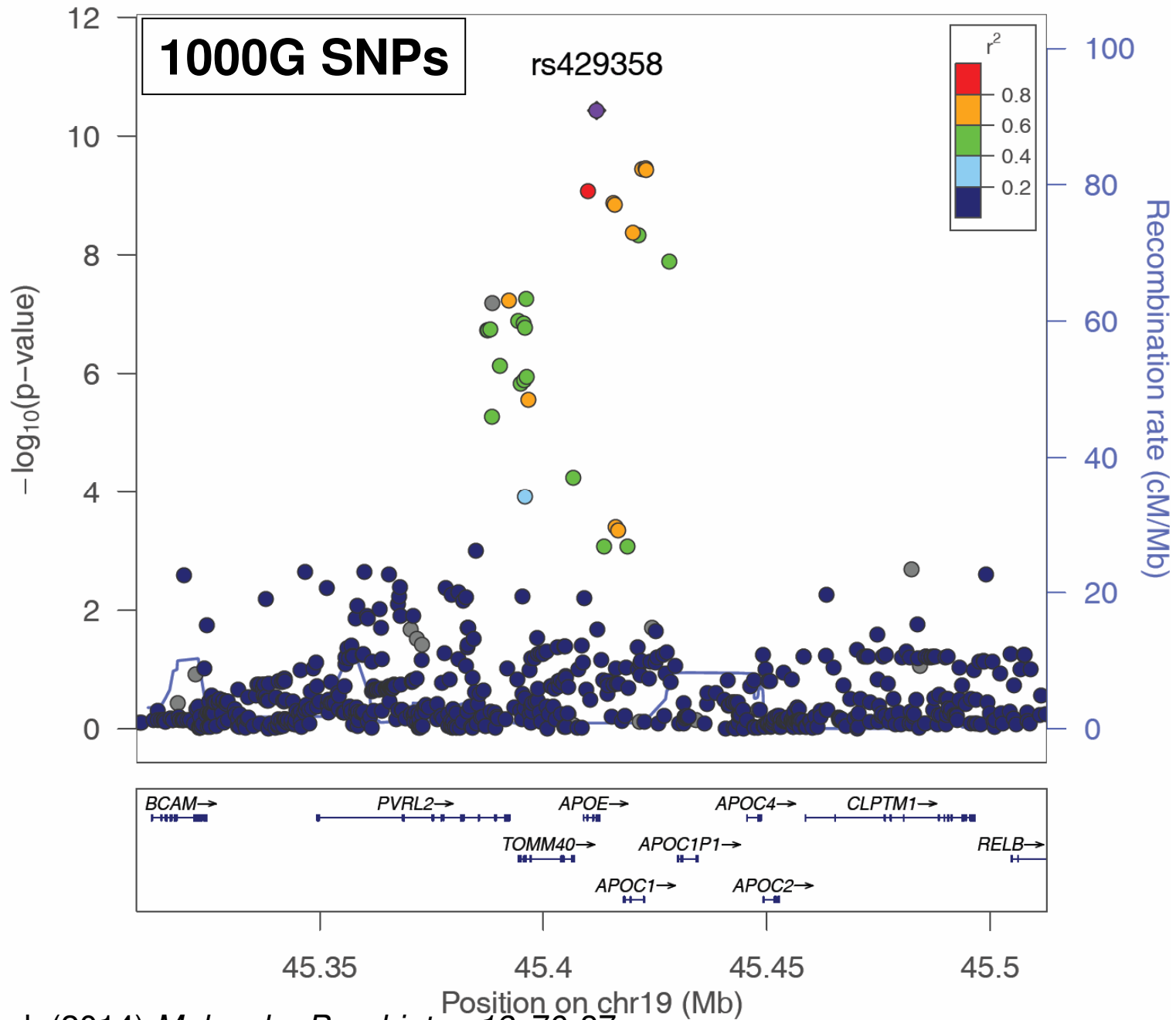
ORIGINAL ARTICLE

A genome-wide association study implicates the *APOE* locus in nonpathological cognitive ageing

G Davies¹, SE Harris^{2,3}, CA Reynolds⁴, A Payton⁵, HM Knight⁶, DC Liewald^{1,3}, LM Lopez^{1,3}, M Luciano^{1,3}, AJ Gow^{1,3}, J Corley¹, R Henderson¹, C Murray¹, A Pattie¹, HC Fox⁷, P Redmond¹, MW Lutz^{8,9}, O Chiba-Falek^{8,9}, C Linnertz⁸, S Saith⁸, P Haggarty¹⁰, G McNeill⁷, X Ke¹¹, W Ollier⁵, M Horan¹², AD Roses^{8,9,13}, CP Ponting⁶, DJ Porteous^{2,3}, A Tenesa^{14,15}, A Pickles¹⁶, JM Starr^{3,17}, LJ Whalley⁷, NL Pedersen^{18,19}, N Pendleton¹², PM Visscher^{20,21,22} and IJ Deary^{1,3}

Cognitive decline is a feared aspect of growing old. It is a major contributor to lower quality of life and loss of independence in old

Plotted SNPs



Davies et al. (2014) *Molecular Psychiatry*, 19, 76-87.

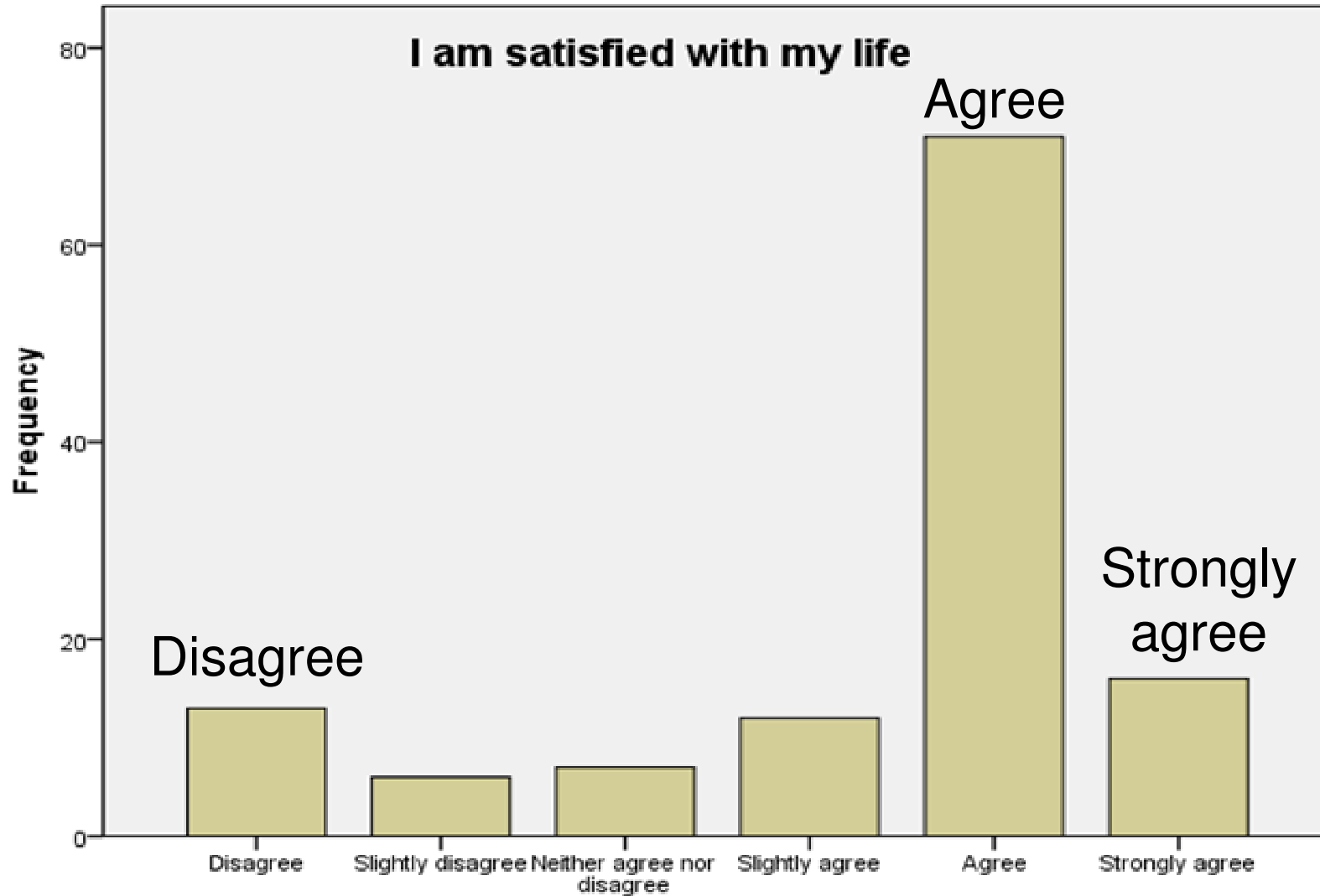
Polygenic risk of schizophrenia and cognitive ability and change: LBC1921 and LBC1936

SNP p threshold	General cognition in old age	Change in Moray House Test from 11 to old age	Change in general cognition from age 11 to old age
$p = .1$	-.08*		-.07*
$p = .05$	-.08*		.07*
$p = .01$	-.09*	-.06*	-.09*



Cognition isn't everything...

Life Satisfaction in Lothian Birth Cohort 1921 at age 90





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