

The Consequences of The Professional Geriatric Evaluation of The Oldest Human

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Abstract

In the history of mankind there have always been many stories of deception with age. But surprisingly, the endless succession of charades and puzzles of supercentenarians continues today. A full-fledged discussion of these extremely dubious modern cases of marginal longevity is missing. An example of this is the most famous case of the world record for life expectancy - the case of Calment. On the basis of the assessment of the photo and video materials of Calment, the author at the beginning of 2018 expressed the professional clinical opinion of the geriatrician that this case does not correspond to the severity of the clinical picture of old age to the patient's stated age. This suggests that a younger woman than Calment, born in 1875, used her documents and biography. Since this case is presented as an example of the highest quality work done on verifying the age, it requires special attention of the scientific community.

Keywords: Calment; Senile fragility (R54); Primary osteoporosis (M80); Dementia syndrome (F00)

Introduction

In different countries and regions of the planet, such a phenomenon as overestimation of longevity was widespread. For example, in Bulgaria in 1926, after checking the results of the census of persons older than 100 years, their number was reduced 11 times (out of 1756 such people, in fact, were only 158), in Italy, in the list of 256 persons older than 100, according to the 1921 census there were only 51 [1]. According to the 1970 census in the USSR, there were 19304 human over 100 years old, of whom about 5000 lived in the Caucasian republics (Nakhichevan, Nagorny Karabakh, Abkhazia, Nagorny Karabakh, Kabardino-Balkaria, Chechen-Ingushetia, Karachay-Cherkessia, North Ossetia [2]. The verification of data showed that the number was overestimated about twice. Based on materials collected in Azerbaijan in 1980-1987, the authors concluded that the republic did not constitute a zone of longevity. Of the 60 administrative districts, 22 were checked. Of the 800 surveyed at the age of 90 years and older, only about 170 people turned out to be such [3]. Today, the most quoted supercentenarian in scientific and popular literature is J Calment (JC or Calment).

In the base www.supercentenarians.org (hereinafter IDL) she is listed as 584, her record is 122 years and 164 days. She is a verified world champion. However, there are any unclear doubts. For example, the recognition of a person as a record holder in the life of the child indicates that he will die soon, but J C after being recognized as the oldest living person on the planet, she lived another 6.5 years. However, it was validated as part of a research project funded by the IPSEN Foundation [4]. This record has been holding for 21 years already against the background of the fact that the number of people over 110 years old, whose age has been verified, has been steadily growing in recent years, but these people even older than 119 years have not appeared among them for a long time. It should be said that the World Health Report 2016 "Aging and Disease" states that the old age of the beginning of the XXI century has become very diverse [5]. This implies that people of older age groups today can be in good quality and this gives rise to some hope that on the occasion of J C. It may be that the declared and true (real) age Calment can match, i.e. it is the rarest exception to the "rules" of aging - a kind of very successful aging of the middle and late twentieth century. All the above facts and doubts led the geriatrician to the decision to look at the "record" at the beginning of 2018 from a clinical point of view, using only professional knowledge in the specialty "geriatrics" [6].

Result

The first feature of this work was that it was not the clinical picture itself that was assessed, but its correspondence to the validated age of the super-long-host. At present, the author is not aware of such work, when it would be the clinical verification of the age of the claimed superdolongers according to the relevant geriatric symptoms. At the same time they did this only from photos and video materials. Thus, a comparison with other similar works was impossible. The second feature was that the patient studied died 21 years ago, and his medical record was not available to the author, so it was impossible to conduct a comprehensive geriatric assessment (CGA). The assessment was carried out on three geriatric syndromes (two syndromes and one disease) - by senile asthenia or senile fragility (R54), primary osteoporosis complicated by low-energy fracture of the proximal femur (M 80.0) and dementia syndrome based on the senile form of Alzheimer's disease (G30.1 F00.1). All as per ICD-10 [7]. The habitus of the patient is one of the important components of the CGA. When comparing photos J C there is a noticeable difference with women from the IDL base of the same age, she looks is no fragile. All centenarians look younger than their age, but not more than ten to twelve years old, therefore such a large difference in habitus (estimated difference of about 20-25 years) is difficult to explain by "longevity". So, senile fragility is an age associated syndrome, the main clinical manifestations of which are general weakness, slowness, decrease in functional activity and unintentional loss of body weight, which leads to dependence on third-party help, reduction in viability and death. Today, there are up to 300 markers for diagnostics of this syndrome, a lot of tests, questionnaires. At the same time, it is important that none of the instruments for diagnosing senile fragility available in world practice is validated in the Russian Federation and even today it is not universally accepted [6,8]. From the careful life history [9], we know that J C I could fully serve myself up to 110 years old and lived alone. It is also known that Calment rode a bicycle and fenced for up to 100 years. Remembering the personal experiment of Academician N.M. Amosov (1913-2002), who led a physically active lifestyle throughout his life, we can recall that he wrote at the end of his life "that large loads for the elderly do not fit.

"Thus, to explain the extra-long life of Calment. Some kind of active lifestyle under the age of 100 years is unlikely. The image of an "athlete in old age" is also broken when looking at the photos - in the photo of J C 110 years old is an ordinary woman with the "burden" of old age, which implies obvious functional limitations. In addition, there is no public evidence that she led a sporty lifestyle throughout her life, on the contrary, in her whole life, except in the case of rent, there are few public events. The author came to the conclusion that Calment after 110 years has increasing stages of syndrome R54, but they do not correspond to the severity of this syndrome in women of the same age in IDL. The inconsistency of the state of clinical old age is noticeable, people at the same 117 age were either recumbent, or could be in an upholstered recliner with circular support. Jeanne, on the other hand, sits on a hard chair with a straight back and does not even touch the back of a chair, while no one from the staff is around. From video materials and many sources, it follows that J C is the only known person who

walked independently until 115 years. She did not have the severity of sarcopenia syndrome, as compared to persons of the same age. This suggests a better preservation of skeletal muscles, which is characteristic of more young people (about 95-100 age).

Thus, the author saw an extremely late onset of the above geriatric syndromes of senile fragility and sarcopenia. We know that there are a number of factors that accelerate the onset of senile asthenia syndrome, which include: low income and education, poor nutrition, polypharmacy, a number of diseases and others, but we do not know the factors that slow down its onset. At the same time, we do not have the data to attribute rents and alcohol consumption to the factors that have slowed down the onset of senile fragility and sarcopenia syndromes. In addition, Calment is the only person in an extremely small group of people who have lived to 115 years old, who has smoked almost all his life. It caused only critical alertness. Especially against the background of the well-known fact of the burning of archival documents of her family at the direction of Calment. Calment also had no cognitive impairment of the level of dementia, which is extremely amazing for such a marginal age. Today dementia refers to acquired multifunctional cognitive impairments, which, against the background of a clear consciousness, have a manifestation in which the patient partially or completely loses his independence, independence and needs constant care. This means that the assessment of neurocognitive functions showed the preservation of intelligence and memory, and the MMSE (Mini-mental state Examination, Folstein MF 1975) had to show 28-30 points [10]. As shown earlier [11], the prevalence of dementia syndrome in women at the age of 90 years is 27% and increases to 70% in the age group of 99 years. Thus, the absence of pronounced cognitive impairment of the level of dementia in a woman over 115 years old could not help but raise questions among scientists who validated her age. But we do not see them. In the photo of J C in 110 years old (Figure 1), we see an old woman with characteristic senile changes in the spine. One can see the protrusion of the abdomen, not associated with abdominal obesity and the fact that the patient obviously cannot lean against the wall at the same time with the back of his head and his entire back. This suggests a kyphosis of the thoracic spine and a smoothed lumbar lordosis, so diagnosed senile osteoporosis (M81).



Figure 1: J.C. is 110 years. Osteoporosis in a patient who was earlier at a younger age significantly taller [5].

Osteoporosis is the risk of developing a fracture, and until a certain point it may not have symptoms. Here we see a woman with a clear senile osteoporotic change in the spine, which does not yet have a clinical expression in the form of a fracture. Growth loss [12] is one of the criteria developed by the World Health Organization to assess severe osteoporosis. It is also a tool for assessing the risk and likelihood of low-energy fractures, which occurred in J C at 115 years old. This allows you to make a diagnosis of primary osteoporosis, complicated by osteoporotic or low-energy fracture (M80.0). Primary osteoporosis has factors that aggravate its course, for example, besides aging itself, it is the female gender, the white race, smoking [13], which are included in the FRAX program. J Calment, who smokes almost all her life, simply could not have had a clinical picture of osteoporosis for more than 65 years after menopause. It is more logical to admit that she is much less old. In addition to the evaluation of three clinical syndromes, photographs of the skin were examined.

She draws attention that even in the photographs of Calment's face, taken in 111-117 years old, she has no signs of xerosis, senile purpura, as well as atrophy of subcutaneous fatty tissue, expressed in the failure of the eyeballs, sunken cheeks, pointed features in degree that is present in all compared persons from the IDL database of the same age. These signs of facial skin atrophy reflect an increase in the general atrophic processes in the body appear only in photographs of the last years of life taken in 1993-1997. Atrophy is a leading process characterizing old age. It applies to all organs and tissues and reflects the gradual extinction determined by age involution. Atrophy processes are also the basis of all three syndromes of old age mentioned in the article (senility, dementia and osteoporosis). There is no clinical basis for suggesting that a given person has a reason for delaying the picture of old age. On consecutive photos of JC (Figure 2) we see characteristic phenotypic signs of involution of the organism, which approximately correspond to the ten-year period of old age.



Figure 2: FT-IR spectrum of *Gymnema sylvestre* leaf extract mediated synthesized zinc nanoparticles.

It draws attention that this period corresponds to the usual rate of growth of involutional processes, i.e. it is not visible

that there is some slowdown in aging at this time interval. The assumption that Jeanne was aging throughout her life slowly, and then began to grow old at a normal speed, is highly questionable. Studying supercentenarians without proper age verification is an unnecessary and useless exercise for the public to enjoy. Before demographers publish scientific articles that state that "the longer a life is, the more independent it is in everyday life" [13-16], a comprehensive forensic assessment of super long age is needed with the help of independent third-party experts. It should be noted that the validators who studied the documents and checked the records, according to the author, could fall into the trap of their logical thinking, confidently believing that a woman who lived all her life in one small town and did not change her place of residence could not change her age. This is the case about which the great philosopher Karl Popper said: "I am a big supporter of common sense, I believe in it. But common sense sometimes leads us to serious misconceptions.

The author saw in the validators records not a critical attitude, but signs of rationality of thinking, which led them to a logical trap. Thus, the scientists checking this record could not proceed from the need to confirm the identity of the submitted documents, but only from the position "this cannot be done without changing the place of residence" (the full list of evidence is presented here, www.demogr.mpg.de/books/Odense/6/09.htm, more documents are checked here, and nowhere is it checked whether the identity card corresponds to the documents) or how to change the identity card if the funeral of the famous Person whose documents were used was public. Perhaps the outward resemblance of mother and daughter, which due to increased homozygosity (mother and father were cousins) also played a role in the delusion. Thus, the author comes to the conclusion that we have an example of a combination of successful aging and reassessment of the age of a document on documents. It has been suggested that if this record is a consistent sum of the lives of two different people, then you can find archival evidence of this. Further work was carried out exclusively N F Zack for a start, he used mathematical analysis methods to make sure that this case is extremely unreliable, and only then turned to working with archives. The description of his works can be seen in the collection No. 65 of the section of gerontology at MOIP at Moscow State University [17,18].

Findings

- The assessment for each of their three geriatric syndromes R54, M80.0, F00.1 showed a discrepancy between the onset of their occurrence with a delay of 20-25 years.
- Jeanne Calment's record requires a more thorough check of the original archival documents, the opening of medical record data to the medical professional community and forensic examination.
- It is most likely that after the end of the check, J C should change the rules of validation of age in people older than 110 years.
- The author proposes to verify in future the age of supercenterians by criminologists. One team not affiliated with

the subject and who will not further study this long-liver must validate the age and compliance with the identity of the documents submitted.

Conclusion

Despite the particular and, in principle, simple case that is considered in this article, the work has a philosophical and epistemological orientation. The essence of the work is to demonstrate that there is a problem of "truth" in the field of all sorts of records and limits on the human pancreas, and behind articles and books, where J C is indicated as the "standard of super long-term residence", the mind games of the authors themselves may follow, and statistical methods of misleading the entire scientific community. A significant role here was also played by the imperfection of the systems for receiving grants and placing articles in peer-reviewed journals, the publication of which is a reliable protection and shelter for erroneous data and deliberately false information. The author draws the attention of the scientific and clinical community of Russia that numerous articles on extreme longevity and survival of marginal age groups, which included data on J C, are distorted exactly by the number of the pancreas number 584 in IDL. On this particular case of madame Calment's record, all of us can be told in the words of the great Russian poet Alexander Pushkin: "Ah, it's not difficult to deceive me, I myself am happy to be deceived." Practical health care of the world from the statement of the author about the need for forensic examination of the record of Madame Jeanne Calment did not suffer. The author also states that the articles on this record, if it is confirmed that the claimed record is not reliable, should be withdrawn. This will be a good lesson for future generations of gerontologists and a vaccination against arrogance.

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