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International Society for Applied Research in Aging (SARA)

Developing better therapies through collegial interaction

The Society for Applied Research in Aging (SARA) was founded to serve the needs of practitioners who seek to sustain health, vitality, and quality of life of their patients during aging. Recognizing that a most basic and important part of that task is to provide relevant professional information to its members, *Clinical Interventions in Aging (CIA)* was created as the official SARA journal.

Since age-management practitioners must frequently employ therapies from a variety of different disciplines, they often have need for information and methods that are outside the scope of their formal training. Recognizing these needs, during its first two years of publication, the staff of *CIA* has sought reviews and research papers from experts in a broad range of fields. Hopefully, these have served to expand the knowledge base of its readership and will be a source of continuing education for practitioners seeking to better manage the physical and mental problems that are associated with advancing age. However, as valuable as reviews and research papers may be, they sometimes fail to provide specific and detailed information on a unique issues that may be facing one practitioner or another. Alternatively, novel therapies may emerge that are promising but for which sufficient evidence-based information has not yet been gathered and published. For example, hormone replacement therapy (HRT) is undeniably the cornerstone of age-management medicine. However, it is coming increasingly apparent that while traditional HRT may have many beneficial effects on somatic structure and perhaps function as well, it does little to restore youthful endocrine physiology. To the contrary, because HRT often employs the end-products of various neuroendocrine axes, it essentially “short circuits” the system it intends to restore. This effect accelerates decay of feedback relationships and of functional elements on the cells and tissues they employ. An example of this effect involves the use of recombinant human growth hormone (rhGH) which while having beneficial effects on body composition actually causes disuse atrophy of the pituitary gland. Through negative feedback, rhGH reduces pituitary receptor sensitivity to the neurohormone responsible for sustaining production and secretion of endogenous hGH and reduces production of endogenous hGH (Crist et al 1988; Horikawa et al 1996). Other examples of these biphasic effects of end hormone replacement are becoming recognized. This has resulted in search for alternative methods of HRT that bring its benefits while minimizing its risks. One approach is an emerging technology tentatively named primary locus intervention (PLI) therapy. Unlike traditional HRT, PLI therapy employs methods to rejuvenate and restore feedback relationships as well as physiological function of higher order neuroendocrine components while opposing the decremental effects of aging on end hormone production and secretion. A common example of such a novel intervention is the growing use of growth hormone releasing factor ($\text{GRF}_{1-29} \text{NH}_2$, sermorelin) for GHRT in age-management (Walker 2006). Even more recently, compounds that enhance the influence of brain monoamine neurotransmitters are being used to restore the functional integrity of multiple neuroendocrine axes and thereby to better protect against the ravages of advancing age.

Because these novel interventions in aging have great potential value, practitioners are using them albeit, often without guidance and in isolation. Accordingly, as part of its service to Society members, SARA has established an interactive forum in which

practitioners may ask questions about therapies or post comments and report experiences which may be of help to their colleagues. The forum will be held at two locations.

One site will be in a special section of each edition of *CIA*. Comments will consist of short essays describing observations, personal experiences, procedural questions or any other issue that will stimulate thought and comment about contemporary therapies for age-management. These may be submitted directly to the Editor at cia@dovepress.com who will review and edit each for publishing in the next edition of the Journal. It is intended that each submission will bring responses from other readers that may be used together in developing a more sound and logical approach to one specific treatment or another. Perhaps the result of such interactive exchange may be a manuscript summarizing certain issues and bringing consensus how they are best resolved.

The second location for the interactive forum will be on-line at the new SARA website, [society.com. The interactive forum will be open to all interested parties regardless of membership in the Society. However, only SARA members will be allowed to initiate new topics for discussion. Everyone is welcome to partake of these opportunities to exchange professional information either in print or online, and all are encouraged to participate in advancing the community base of knowledge in aging interventions.](http://www.ageresearch-</p></div><div data-bbox=)

References

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