The Clock Is Ticking as the Clot Thickens

Edward M. Conway

According to the United Nations Population Division, the number of people who are over the age of 65 will approach 1.5 billion, or 16% of the population, by the year 2050. The fastest-growing segment of the population is the “oldest old,” ie, age >80. In North America and Europe, this group will jump from ~10 million in 2010 to almost 40 million by 2050. These staggering demographic changes will increasingly challenge health care systems, as the numbers of individuals requiring medical care will progressively rise.

See accompanying article on page 2552

Among the leading causes of morbidity and mortality for aging individuals are venous thromboembolism (VTE) and atherothrombosis. Aging, in fact, represents one of the strongest predictors for both. Although VTE occurs in approximately 1 to 2 in every 1000 adults annually, the incidence in the oldest old rises to 1 per 100 per year.1,2 This means that in 2050, more than 500,000 individuals over the age of 85 in North America and Europe alone will develop deep vein thrombosis or pulmonary emboli, with double the fatality rates of patients less than half their age.3 On the arterial side, the outlook is even more ominous. Atherothrombosis underlies myocardial infarction, angina, stroke, and peripheral arterial disease, all of which are more frequent in the elderly. Even now, octogenarians, who represent ~5% of the population, account for more than 30% of all myocardial infarction-related deaths,4 and this is likely to increase as the specter of obesity, accompanied by vascular complications, rises.5

Delineating the mechanisms underlying the age-dependent increased risk of VTE and atherothrombosis is tantamount to identifying risk factors and developing effective preventative and therapeutic strategies. Unfortunately, advances in this field have been limited. The challenge of discerning independent age-related risk factors for thrombosis in populations of individuals who often have comorbidities or are receiving multiple medications has prompted investigators to turn to animal models. In this issue of Arteriosclerosis, Thrombosis, and Vascular Biology, Hemmeryckx et al6 have laid new and important groundwork by using a unique mouse model to explore vascular thrombosis in the context of aging.

Mice in which the gene encoding the circadian rhythm modulator brain and muscle ARNT-like protein-1 (Bmal1) is inactivated (Bmal1 knockout [KO]) display features of premature aging, including osteoporosis, infertility, and cataracts.7,8 Although other mouse models of premature aging exist, none have undergone as intensive a “thrombosis workup” as was performed by Hemmeryckx et al.6 These investigators determined that the prematurely aged mice with a defective “clock” mechanism exhibit imbalances in the hemostatic system that favor thrombosis, including higher plasma levels of prothrombotic factors VII, VIII, and fibrinogen; a shortened prothrombin time; and raised platelet counts. Further promoting a diathesis to clot, transcripts for the natural anticoagulant molecules thrombomodulin and endothelial protein C receptor were reduced in the Bmal1 KO aortas. Plasma levels of C-reactive protein, an inflammatory marker of arterial disease in humans, were also elevated in aging Bmal1 KO mice, although in vivo studies did not support a role for inflammation in this model. Striking, however, was the observation that aortic endothelial function was severely compromised in the Bmal1 KO mice, reflected by attenuation of basal and acetylcholine-induced nitric oxide (NO) bioavailability and vasorelaxation. Based on previous studies with mice specifically lacking endothelial cell NO synthase (eNOS),10 these mice exhibited reduced bioavailability of NO and endothelial nitric oxide associated NO production.11 Brachial artery endothelial cells from elderly patients express less SIRT-1 and release greater amounts of proinflammatory cytokines and markers of oxidative stress. These changes may be reversed with agents that

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interfere with nuclear factor-κB nuclear translocation, thereby improving endothelial function, vasodilatory performance,\textsuperscript{12,13} and the capacity to overcome prothrombotic stresses.

Other age-dependent risk factors in humans for atherothrombosis and adverse cardiovascular events have been identified and include, for example, elevated circulating levels of D-dimers and plasmin-antiplasmin complexes.\textsuperscript{14} Platelet activity was not affected in the Bmal1 KO mice, but in aging individuals, it has been reported to be enhanced as their phospholipid content increases and the platelets become more resistant to inhibition by prostacyclin.\textsuperscript{15} For VTE risk, there are fewer data establishing links between age-dependent elevated coagulation protein levels—reported for fibrinogen; factors VII, VIII, IX, and XI; and von Willebrand factor—and age-related disease.\textsuperscript{16} Although validation in larger populations is required, VTE risk for individuals over the age of 65 is reported to be moderately increased in those with elevated plasma levels of factor VIII and von Willebrand factor\textsuperscript{17} and for carriers of the genetic defects factor V Leiden and prothrombin PT20210A.\textsuperscript{18} The relevance of other genetic defects that confer the highest risk of VTE to young and middle-aged people, ie, functional deficiencies of antithrombin, protein C, and protein S, has not been evaluated in the aging population. Although intuitively, one might expect that excess thrombin generation would predispose individuals at any age to VTE,
this conclusion may not be valid. In that respect, centenarians with heightened activation of prothrombin, factor VII, factor IX, and factor X were entirely healthy and without a history of vascular thrombotic disease, highlighting the importance of seeking alternative mechanisms by which aging predisposes to thrombosis.

In addition to Bmal1, it will be important to examine the role of other “clock” regulators in age-related thrombosis. Indeed, mice that lack Per2 also exhibit impaired endothelial function with reduced NO production and increased release of cyclooxygenase-1-derived vasoconstrictors. How and why these genes modify endothelial function and hemostatic system activity remains a mystery. Similarly, other mouse models of aging require extensive thrombosis workups, hopefully to uncover novel mechanistic insights. Good candidates to evaluate would include the klotho mutant mice that lack fibroblast growth factor 23 (Fgfr23) and exhibit evidence of vascular disease or others that have mitochondrial defects or progeroid syndromes that are known to be associated with heightened activation of prothrombin, factor VII, factor X, and factor X that are known to be associated with a history of vascular thrombotic disease, highlighting the importance of seeking alternative mechanisms by which aging predisposes to thrombosis.

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With the accelerated demographic shift toward an aging population, the clock is rapidly ticking. Physicians will soon be overwhelmed with elderly patients experiencing a range of clotting disorders that will complicate their care and place increasing strains on health care systems throughout the world. The work of Hemmeryckx et al. will hopefully promote further research in this critically important field.

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None.

References

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