

Aerobic Exercise Training Reduces Central Arterial Stiffness and Improves Cerebral Blood Flow in Older Adults

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1

Disclosure

I have no conflict of interest with the content of this presentation.

2

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3

Pakistan's Most Wanted • Economic Angst

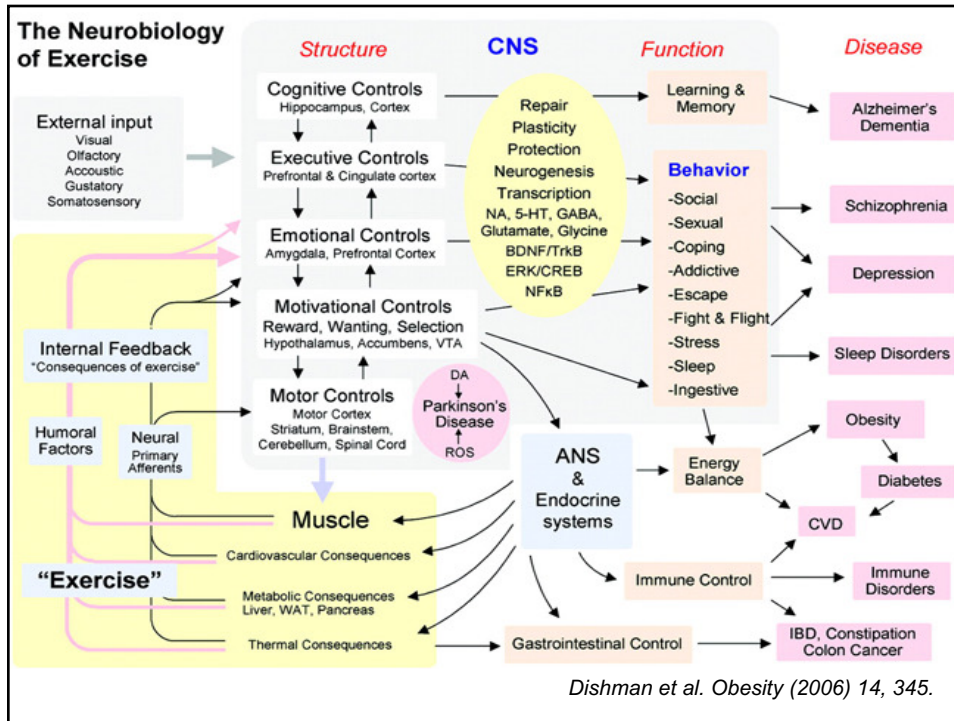
U.S. News & WORLD REPORT

Keeping Your Brain Fit

The Latest Science on Boosting Your Memory and Protecting Against Alzheimer's
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4



5

The National Academies of
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REPORT

PREVENTING
COGNITIVE DECLINE
AND DEMENTIA

A WAY FORWARD

Recommendations to public:

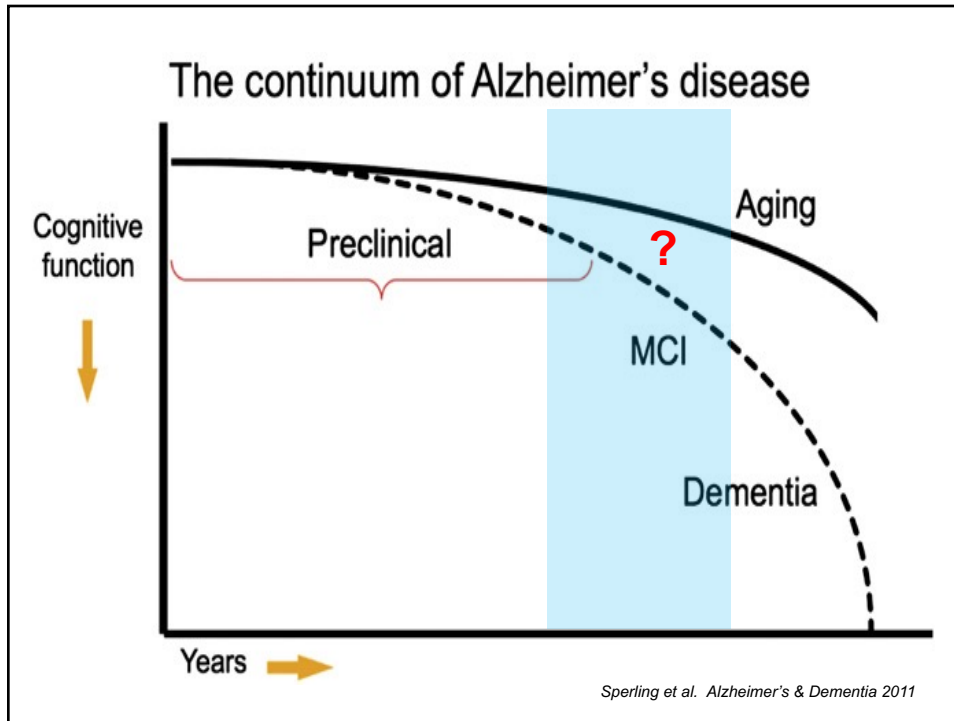
- **Cognitive training**
- **Blood pressure management for people with hypertension**
- **Increased physical activity**

Beneficial effects of these interventions are supported by encouraging, although inconclusive evidence.

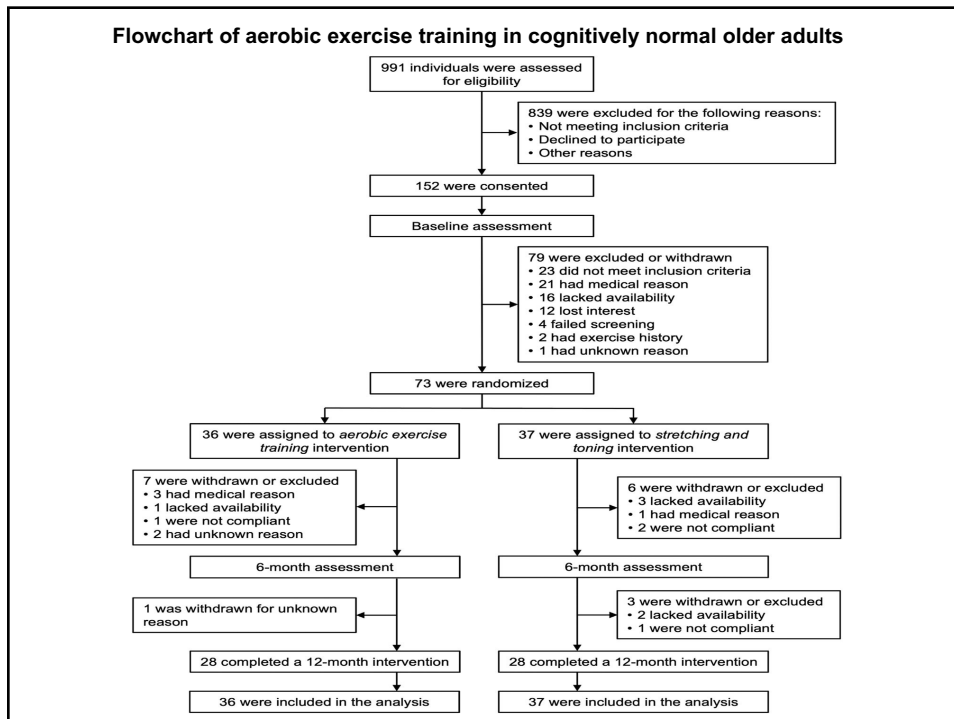
The committee recommends that the NIH and others support further research to strengthen the evidence base on these interventions.

National Academy of Sciences 2017

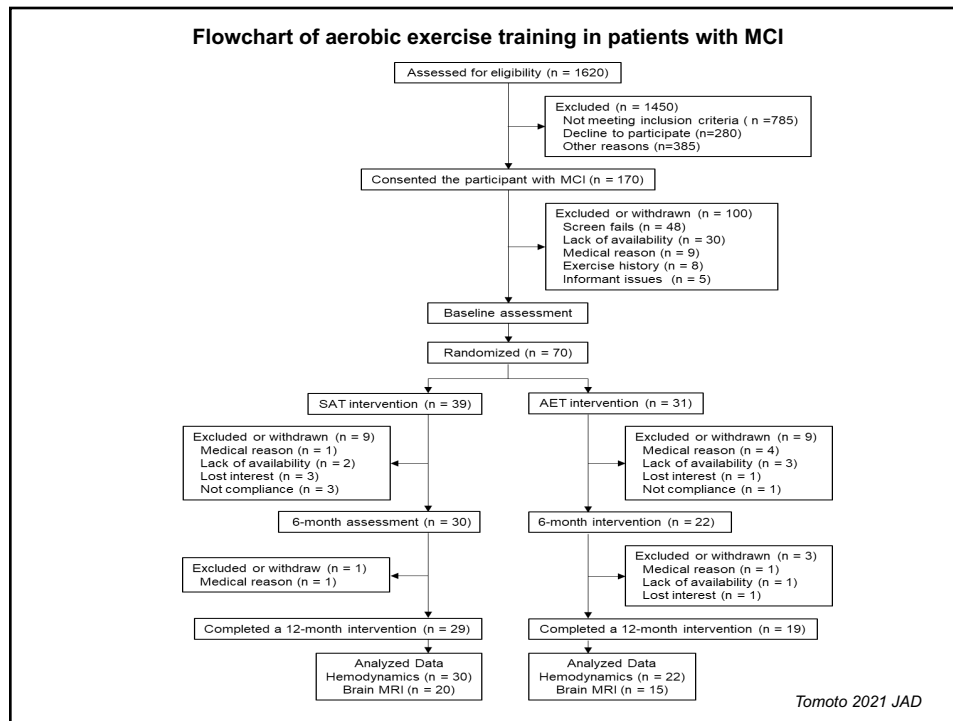
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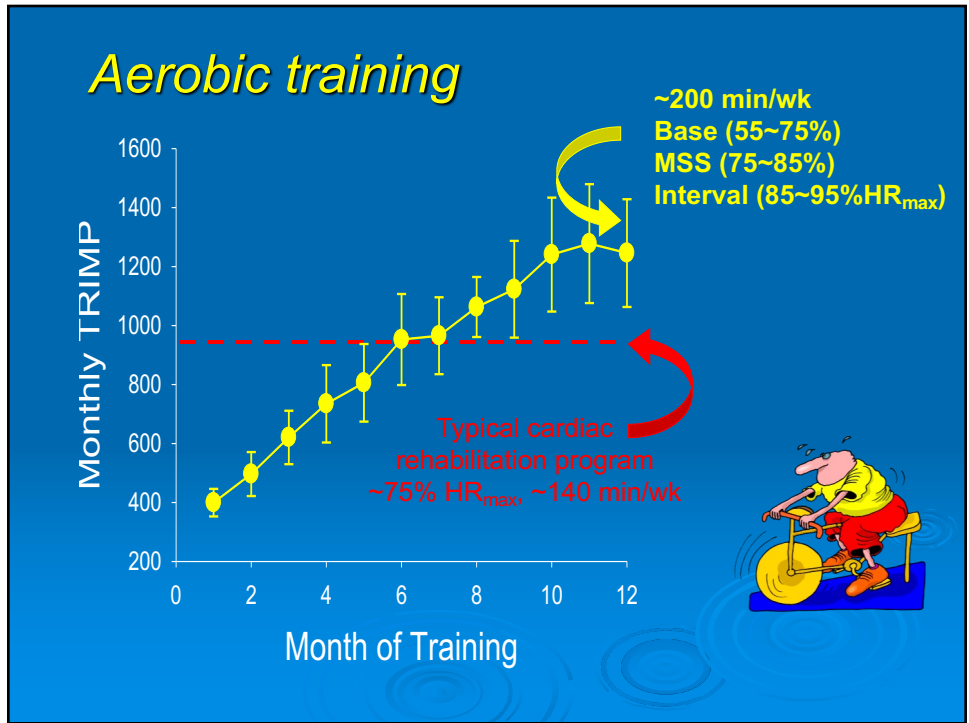


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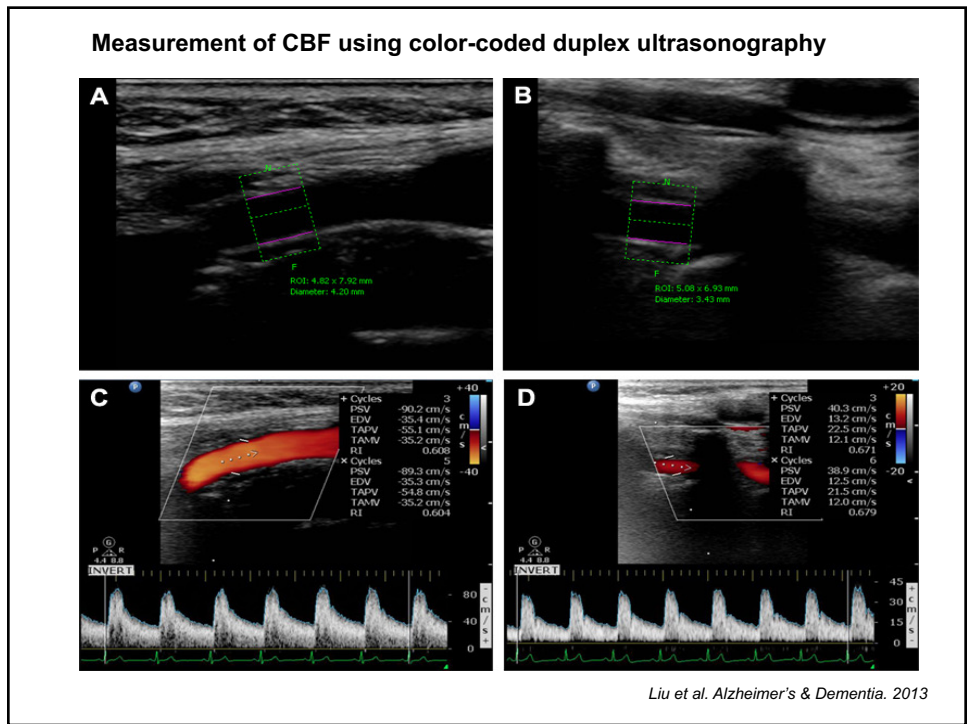
Outcome measures

- Global and domain specific neurocognitive function
- Cerebral blood flow (CBF) and CBF pulsatility
- Brain tissue volume and cortical thickness
- Central arterial stiffness (cfPWV and carotid β -stiffness index)

10

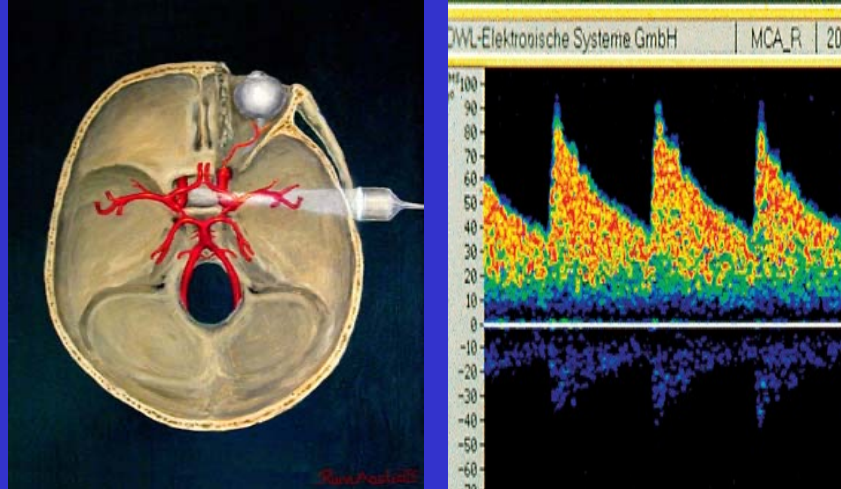


11



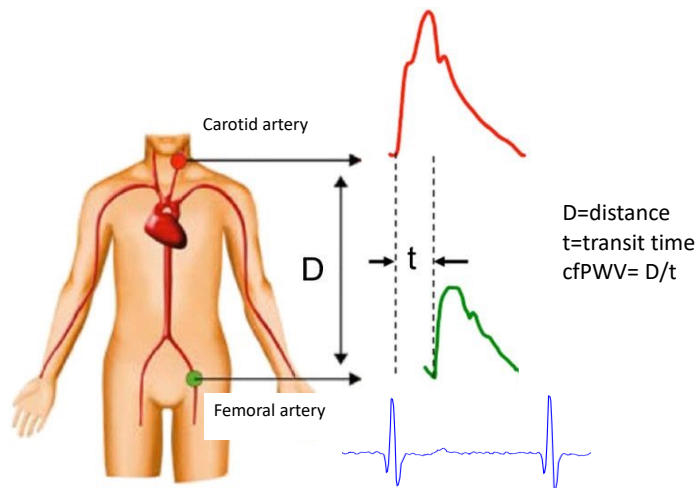
12

Transcranial Doppler measurement of CBF pulsatility




13

Central arterial stiffness is measured with pulse wave velocity




Bruno et al 2014 Cardiovascular Ultrasound

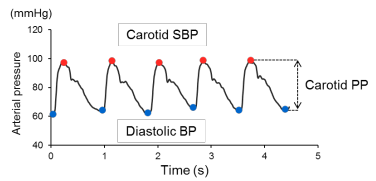
14



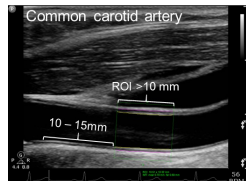
Carotid β -stiffness Index

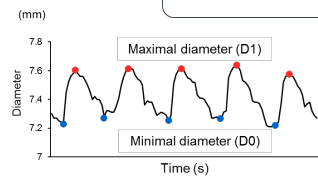
Carotid arterial pressure
(using Applanation Tonometry)





Carotid arterial wall distension
(using ultrasonography)

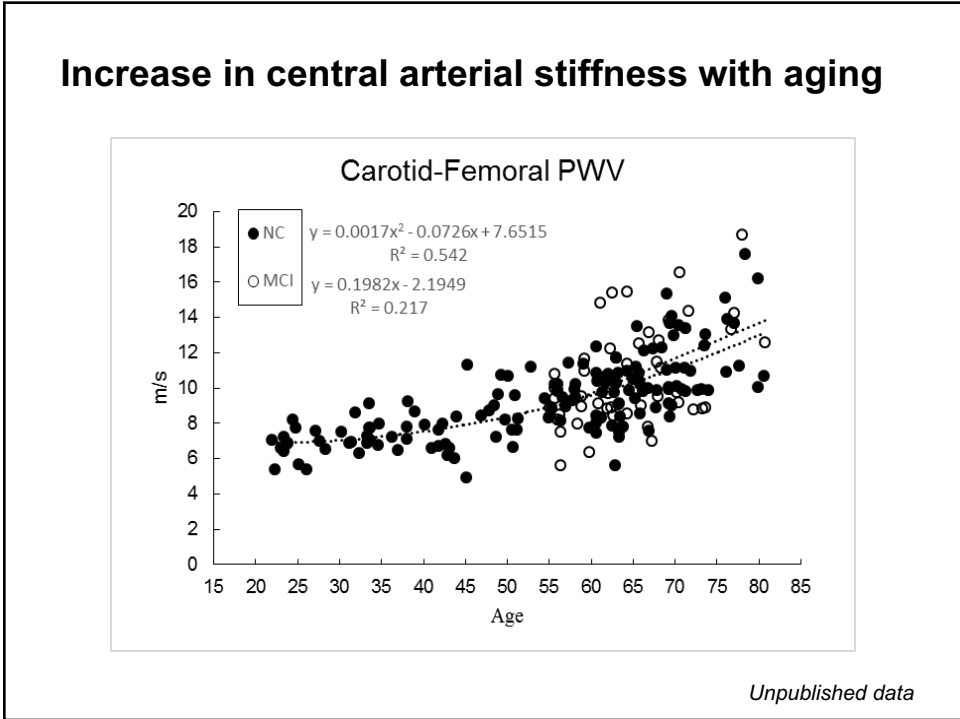




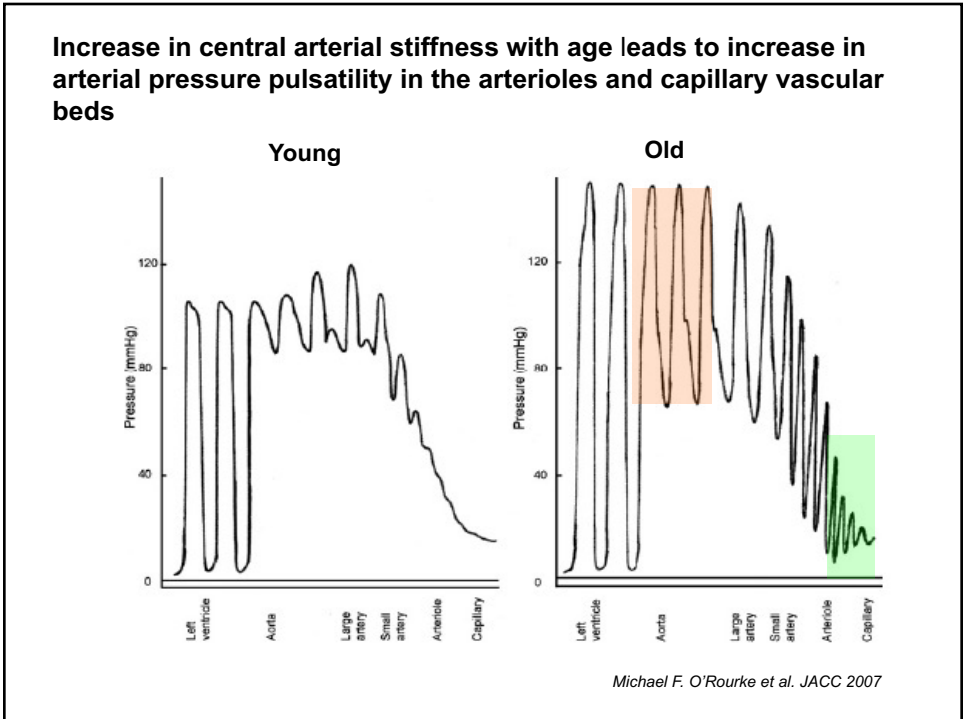
$$\text{Carotid } \beta\text{-stiffness index} = \frac{\ln \frac{\text{Carotid SBP}}{\text{DBP}}}{\frac{(D_1 - D_0)}{D_0}}$$

Hirai et al., *Circulation*, 1989

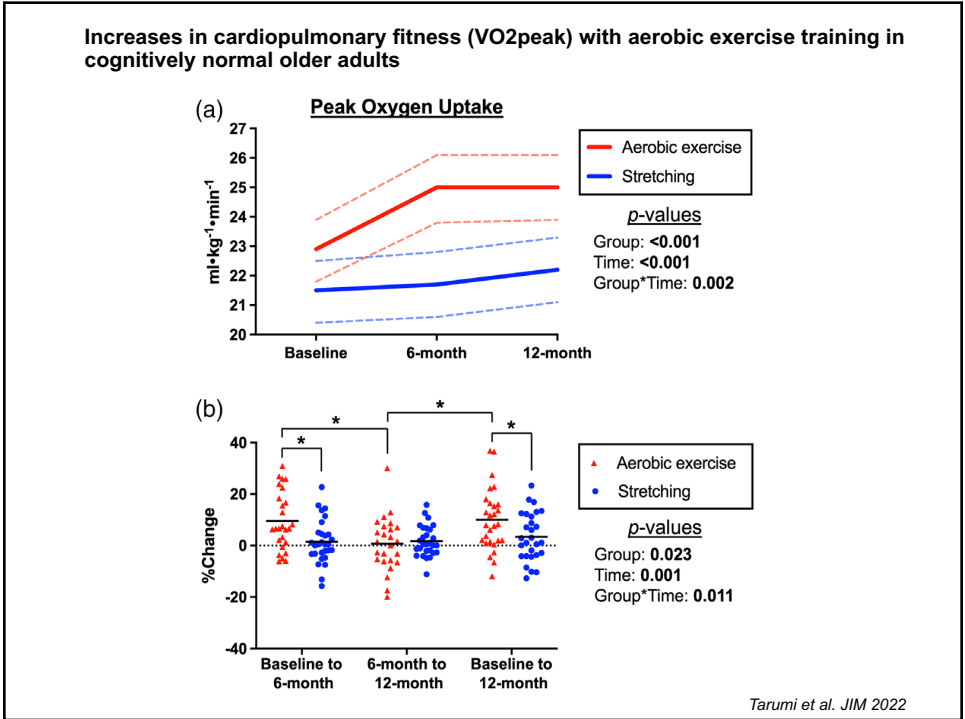
15



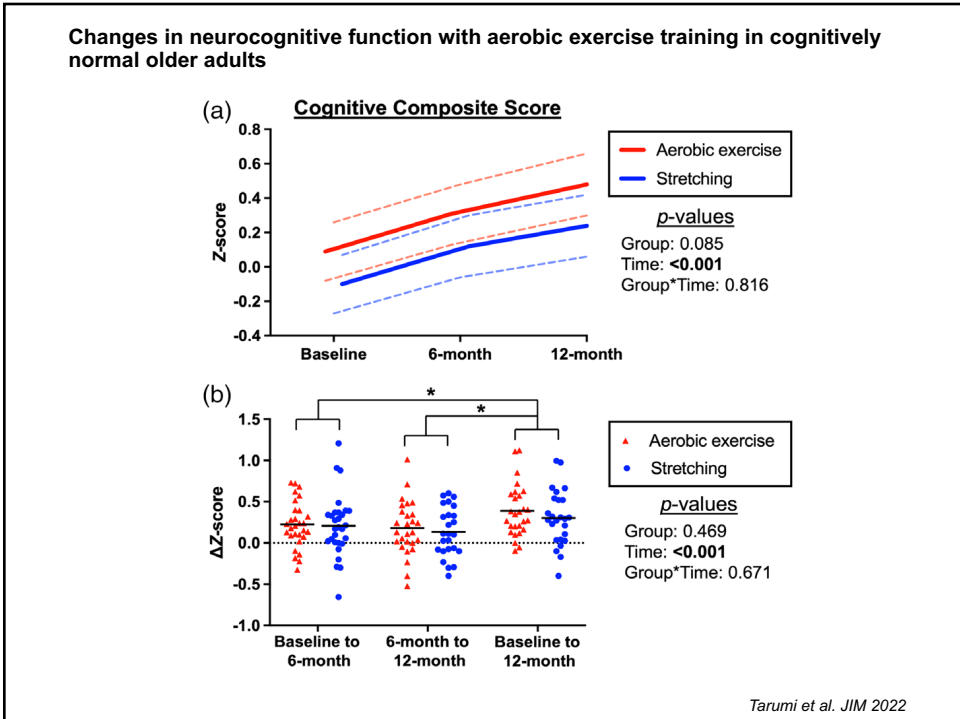
16



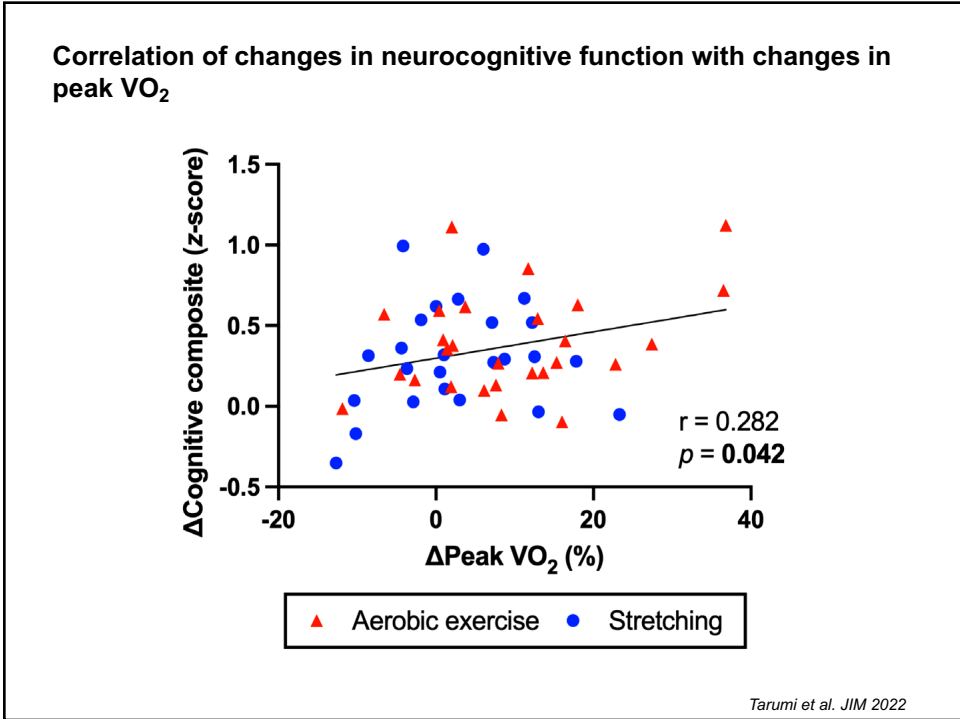
17



18



19



20

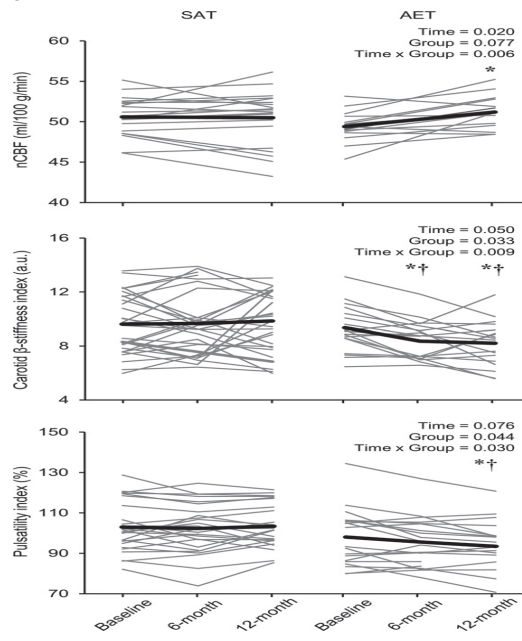
Changes in brain volume and cortical thickness after one-year AET and SAT in cognitively normal older adults

| | Time | Aerobic exercise | | Stretching | | p values | | |
|-------------------------------|----------|------------------|----------------------------|------------|---------------|--------------|--------------|--------------|
| | | EMM | (95% CI) | EMM | (95% CI) | Group | Time | Group* Time |
| Total brain volume | Baseline | 70.4 | (68.8–72.0) | 71.2 | (69.7–72.8) | 0.400 | <0.001 | 0.327 |
| | 12-month | 69.7 | (68.1–71.2) | 70.7 | (69.2–72.3) | | | |
| Hippocampal volume | Baseline | 0.528 | (0.507–0.548) | 0.522 | (0.502–0.541) | 0.918 | 0.032 | 0.040 |
| | 12-month | 0.518 | (0.498–0.539) ^a | 0.521 | (0.501–0.541) | | | |
| Mean cortical thickness | Baseline | 2.469 | (2.447–2.491) | 2.466 | (2.445–2.487) | 0.876 | 0.001 | 0.336 |
| | 12-month | 2.444 | (2.421–2.466) | 2.452 | (2.429–2.474) | | | |
| Prefrontal cortical thickness | Baseline | 2.593 | (2.568–2.619) | 2.582 | (2.557–2.607) | 0.934 | 0.004 | 0.091 |
| | 12-month | 2.566 | (2.540–2.593) | 2.575 | (2.548–2.601) | | | |
| Entorhinal thickness | Baseline | 3.403 | (3.333–3.472) | 3.309 | (3.241–3.377) | 0.171 | 0.292 | 0.069 |
| | 12-month | 3.391 | (3.319–3.463) | 3.352 | (3.280–3.423) | | | |
| Parahippocampal thickness | Baseline | 2.794 | (2.712–2.875) | 2.725 | (2.646–2.805) | 0.265 | 0.273 | 0.710 |
| | 12-month | 2.778 | (2.695–2.860) | 2.718 | (2.636–2.799) | | | |
| Precuneus thickness | Baseline | 2.387 | (2.356–2.418) | 2.382 | (2.351–2.412) | 0.913 | 0.001 | 0.699 |
| | 12-month | 2.356 | (2.323–2.388) | 2.356 | (2.324–2.389) | | | |
| Posterior cingulate thickness | Baseline | 2.437 | (2.402–2.472) | 2.444 | (2.41–2.479) | 0.807 | 0.085 | 0.880 |
| | 12-month | 2.423 | (2.387–2.460) | 2.428 | (2.392–2.465) | | | |
| Precentral thickness | Baseline | 2.532 | (2.491–2.572) | 2.538 | (2.498–2.578) | 0.873 | <0.001 | 0.801 |
| | 12-month | 2.497 | (2.455–2.539) | 2.499 | (2.458–2.541) | | | |
| Pericalcarine thickness | Baseline | 1.555 | (1.516–1.594) | 1.620 | (1.582–1.657) | 0.011 | 0.974 | 0.706 |
| | 12-month | 1.551 | (1.510–1.591) | 1.623 | (1.583–1.664) | | | |

Tarumi et al. JIM 2022

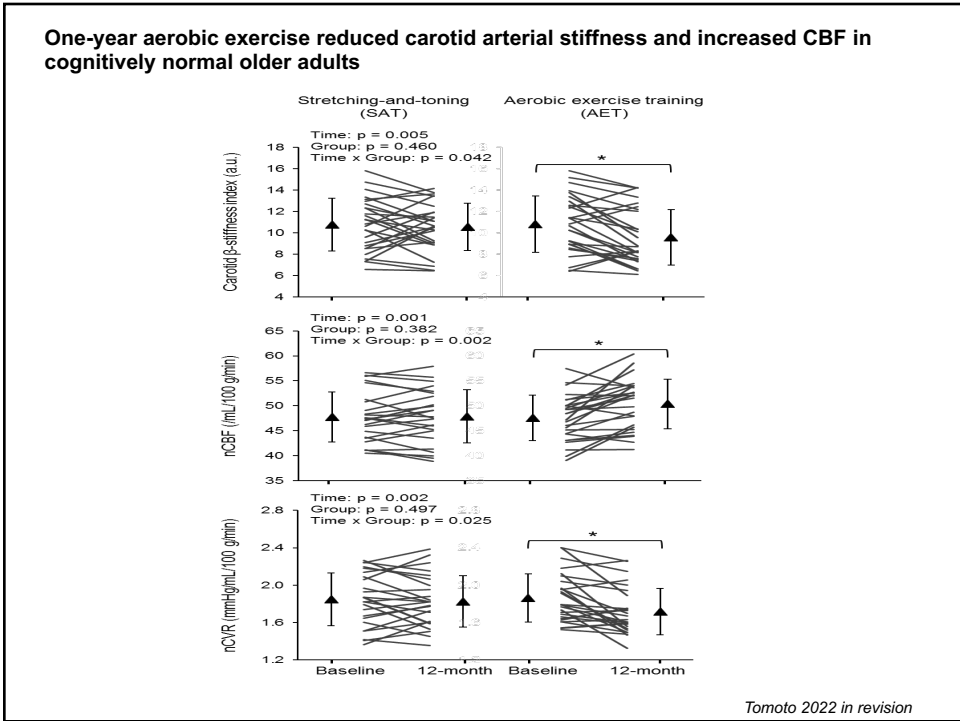
21

One-year aerobic exercise reduced carotid arterial stiffness and increased CBF in patients with MCI

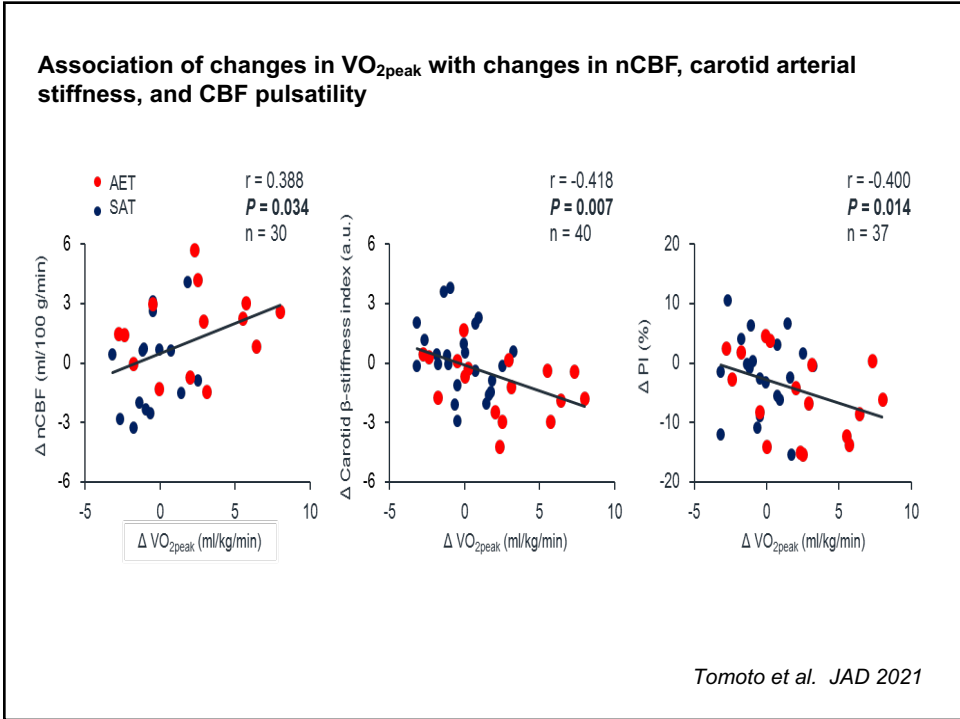


Tomoto 2021 JAD

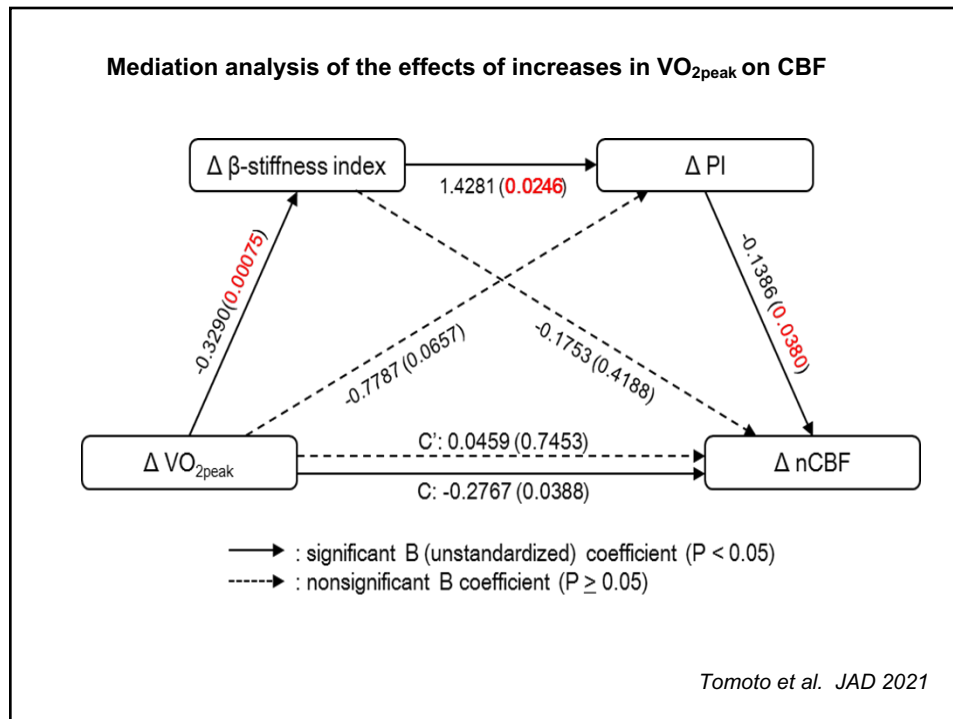
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23



24



25

Conclusions

- One-year aerobic exercise training increased peak VO_2 by ~ 10% in older adults with or without MCI.
- Both aerobic (AET) and stretching-and-toning (SAT) training improved cognitive performance.
- One-year AET or SAT did not prevent reductions in brain tissue volume and cortical thickness in older adults.
- AET increased global cerebral blood flow (CBF) and reduced central arterial stiffness and CBF pulsatility.
- These findings suggest that that improvement in CBF/cerebrovascular function with AET is related to the attenuation of arterial aging which may precede potential effects of exercise training on brain structure and function in older adults.

26