Translating Gerontology into Practice

In order to translate a text from one language into another, the translator has to master both languages and must also be able to read between the lines to decipher subtle meanings that may escape the non-inaugurated. Since aging affects everybody and constitutes a major – if not the most important – personal, medical, socioeconomic and political problem of our time, translation of basic gerontological knowledge into practical application would seem to be a self-understood issue for all societies. However, similar to other fields of daily life, one has the impression – at least, in the developed world with high scientific standards – that the discoveries and fact-based reasoning of gerontologists working in different basic and applied fields of our discipline do not seep into the brains of decision makers. This is even true in those instances where complex scientific data have been pre-processed into a simple and compressed format that is deemed to be comprehensible and not very time consuming for politicians, health officials, managers, etc. [1].

Thus, it is an established fact that smoking is a major life-shortening health hazard, but – with the exception of the USA – anti-smoking campaigns are pre-empted when smoking is not prohibited in all restaurants and official buildings. Also, the evident increase of life expectancy endangers the security of pensions if retirement age is not hoisted as a logical consequence of solid demographic data. Interestingly, in my home country, Austria, women still retire 5 years earlier than men, even though their mean life expectancy is about 5 years above that of men.

We also know, of course, that obesity is a life-shortening condition, but the obesity epidemic is spreading all over the world without any adjustments regarding insurance rates.

It is also obvious that social contacts are an elixir of life, postponing the necessity of care, but we continue building retirement homes on the outskirts of cities or even villages instead of placing them in the more populated areas of the community.

Epigenetic modification of the activity of age-associated genes, such as SIR1, by calorie restriction is a well-proven life-prolonging strategy. Again, such established gerontological facts do not seem to be recognized as a basis for political decisions involving our aging societies.

I always wonder how meetings of governments may proceed. Are the politicians sitting around the table really not aware of the progress made by gerontologists dealing with different issues from molecular biology through economy, sociology, architecture, public traffic, demography and nutritional sciences to diabetology, oncology, etc.? Why can they not apply facts that were established already a decade ago to societal reality? Why can decision makers from one country not implement strategies to cope with the aging issue that have been successfully applied in other – even neighbouring – states? Could it be that we, the gerontologists, fail to ‘sell’ our findings to the public and the stakeholders who actually are also the supporters of our research via their tax?

This would require our more active participation in the discourse on issues of aging outside the proper scientific realm of gerontology. I also deem it important to team up with journalists and artists who look at the issue of aging from a broader, less focussed viewpoint than we as specialized scientists do and are able to translate scientific facts into public language more strikingly and condensed than ourselves.

Several years ago my friend, Anton Christian, a prominent Austrian painter and sculptor (<http://www.anton-christian.com>) told me that he had found 14 large, rusty metal plates that he wanted to use for a series of reliefs and paintings dealing with various aspects of human aging. We spent considerable time discussing various hallmarks of aging, and he finally selected those that he considered to be the most relevant, such as transience, death, love, pain, coordination, concentration, sexuality, immobility, nostalgia, etc.

Seeing the final result that is now on display at the Tyrolean State Museum in Innsbruck, Austria, I was especially touched by his perception of the 'Art of Thinking' in older age (fig. 1). He succinctly grasped the two forms of intelligence that we had talked about, i.e. 'crystalline intelligence' that we accumulate during our whole life and 'fluid intelligence' that is based on the daily learning process [2]. Thus, he placed the crystalline symbols as a relief of stones into the head, while the representation of 'fluid knowledge' was placed over the abdomen, perhaps alluding to what we call our 'gut feeling' (fig. 1). As we know, 'omnibus intelligence' is the sum of crystalline intelligence that generally increases during life and fluid intelligence that undergoes an age-dependent decline. Of course, everybody hopes that his/her total intelligence will reflect the 'wisdom of the aged' (fig. 1).

Thus, accepting invitations to discussion platforms of lay organizations where complex scientific facts have to be translated into simple words are important contributions of gerontologists to the general public opinion. In my experience, preparing talks on problems of aging to lay audiences is much more time consuming than preparing written or oral communications on my research for a collegial forum of discussion. However, 'selling gerontology' is not only an academic duty, but can be a lot of fun that gives ample satisfaction [3].

I would like to conclude this editorial by thanking our section editors, members of the editorial board and our counterparts at the Karger publishing house, as well as the many reviewers, for their donation of time and expertise that made this another successful year for the journal. Special thanks to our new section editors, M. Eric Gershwin, Davis, Calif., USA, and Georg Schett, Erlangen, Germany, who, together with our long-term section editor Monika Lechleitner, perfectly complemented our team of the Clinical Section. Thanks also to Denis Gerstorf, formerly Pennsylvania State University, now Humboldt University Berlin, who leads the Behavioural Science Section with scientific sovereignty and administrative speed. Bijan Najafi, Tucson, Ariz., USA, took over the Technological Section and enhances its impact with great vigour and dedication.

Fig. 1. One of 14 works of art on various aspects of aging by Anton Christian, representing the 'Art of Thinking'. It consists of a combination of a relief (upper part) and a painting (lower part) applied onto a large (200 × 100 cm) rusty metal sheet. With kind permission from Anton Christian.

Finally, I would like to thank Günter Lepperdinger, editor of the Regenerative Section, for proficient local editorial assistance and Christine Süss for competently running the editorial office of *Gerontology* since I took over in 2007.

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