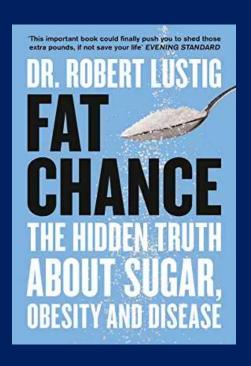
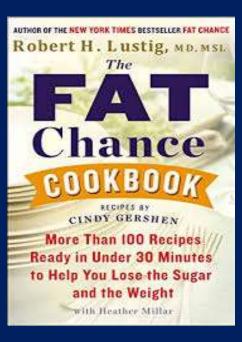
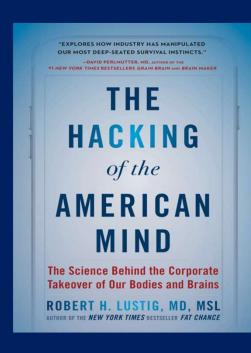
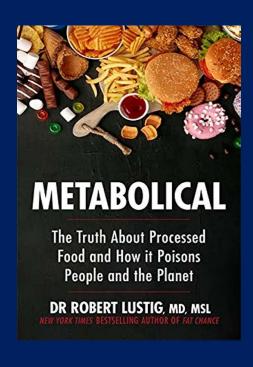


Disclosures









Chief Medical Officer:

BioLumen Technologies Kalin Health Foogal Perfact

Paid Advisor:

Readout Health Simplex Health Myka Bio Levels Health

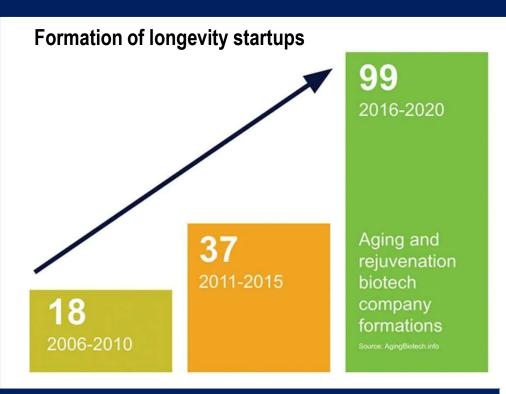
I will not be speaking about any of these companies or products

Wellness (def.):

Metabolic health

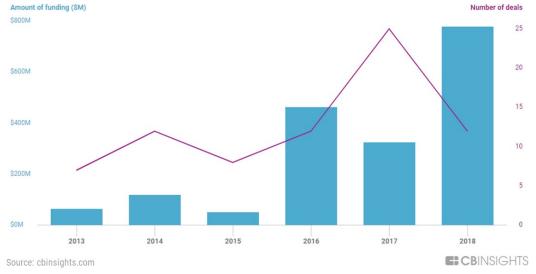
Mental health

Financial health



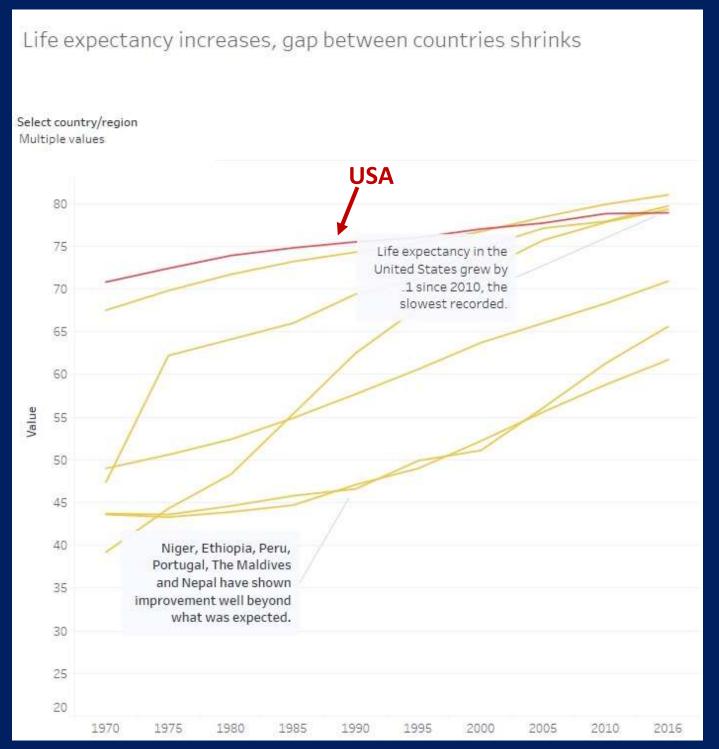
Funding to longevity startups

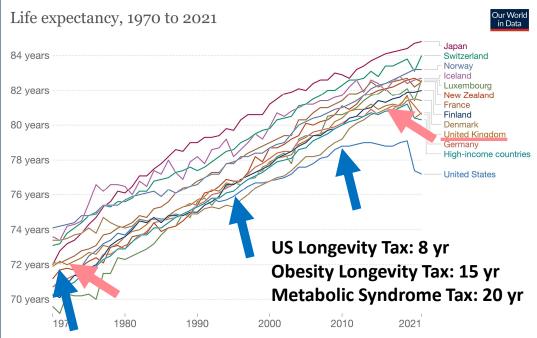
Amount of funding (\$M) and number of deals from 2013 - 2018 (as of 9/25/2018)



Axioms:

- There can be no improvement in lifespan unless and until we improve healthspan first
- There can be no improvement in healthspan unless and until we improve both metabolic health AND mental health first
- There can be no improvement in metabolic and mental health without a concomitant improvement in financial health

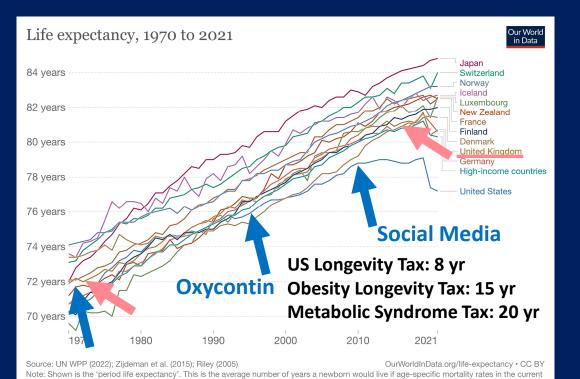




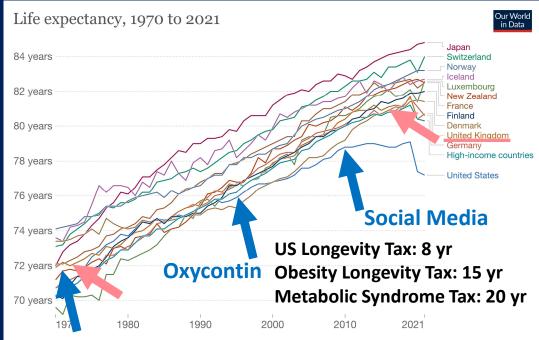
Source: UN WPP (2022); Zijdeman et al. (2015); Riley (2005)

OurWorldInData.org/life-expectancy • CC BY

Note: Shown is the 'period life expectancy'. This is the average number of years a newborn would live if age-specific mortality rates in the current year were to stay the same throughout its life.



year were to stay the same throughout its life.



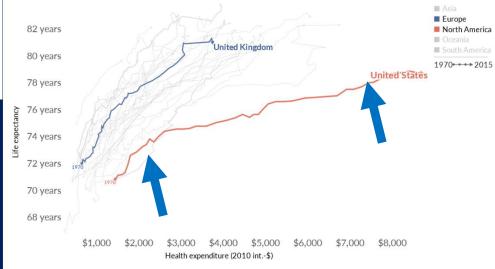
Source: UN WPP (2022); Zijdeman et al. (2015); Riley (2005)

OurWorldInData.org/life-expectancy • CC BY

Note: Shown is the 'period life expectancy'. This is the average number of years a newborn would live if age-specific mortality rates in the current year were to stay the same throughout its life.

Life expectancy vs. health expenditure, 1970 to 2015

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).



Source: Data compiled from multiple sources by World Bank; Health Expenditure and Financing - OECDstat (2017) OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY

Metabolic Health

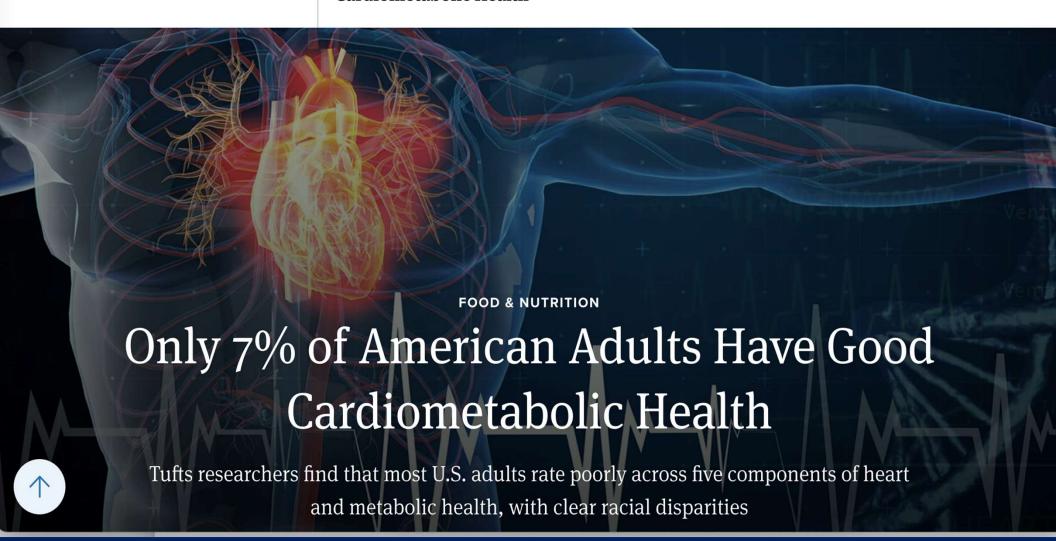
<u>=</u>Q

Tufts Now

Only 7% of American Adults Have Good Cardiometabolic Health

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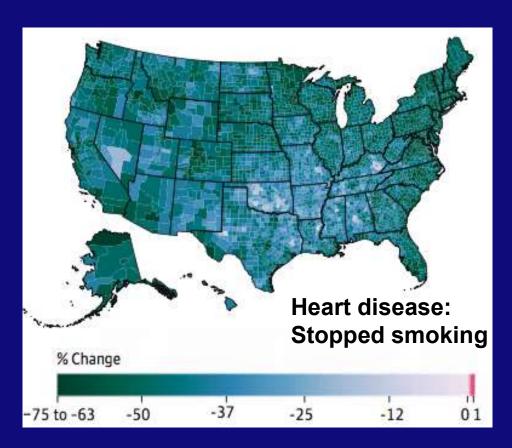
SO GIVE ME A RAISE,
OR I'LL EAT UNHEALTHY
FOOD AND AVOID ALL
FORMS OF EXERCISE.

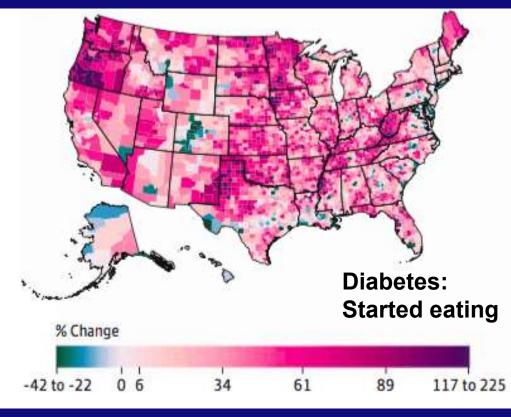
YOU ALREADY DO THOSE THINGS. THAT?

YOU ALREADY DO THOSE THINGS.

THAT?

Over the past 40 years, we've traded one disease for another







Deep Dive Opinion Library Events

Hospitals

Payer

Health IT

Government

Finances

Medical Groups

DIVE BRIEF

Medicare insolvency still expected by 2026, unchanged by COVID-19, trustees say

Published Sept. 1, 2021













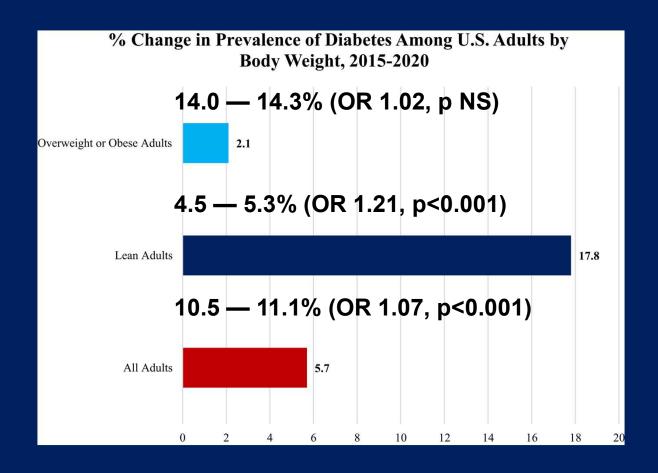
Costs to the NHS

- Costs for Cardiovascular Disease: 16 billion pounds (PHE 2019)
 - 6.8 million patients
 - = 2,350 pounds per patient
- Costs for Cancer: 7.6 billion pounds (Demos/Pfizer 2019)
 - 2.5 million patients
 - = 3,000 pounds per patient
- Costs for Diabetes: 17 billion pounds (Zghebi et al. Diab Obes Metab 2017)
 - 4.5 million patients
 - = 4,000 pounds per patient
- Costs for Dementia: 25 billion pounds (Alzheimer's Research UK 2022)
 - 944,000 patients
 - = 26,000 pounds per patient

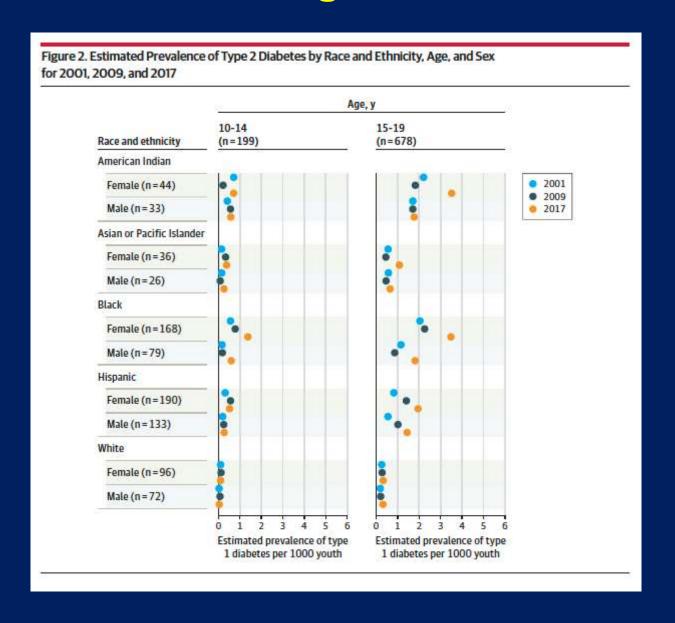
Myth:

It's about obesity

1. Trends in the Prevalence of Lean Diabetes Among U.S. Adults, 2015–2020



2. Children get T2DM too

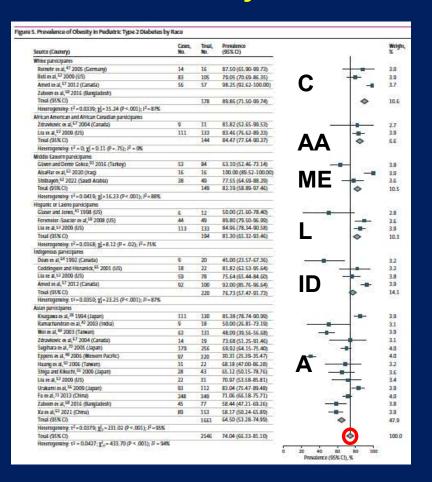


2. Meta-analysis: 25% of pediatric T2DM are normal weight

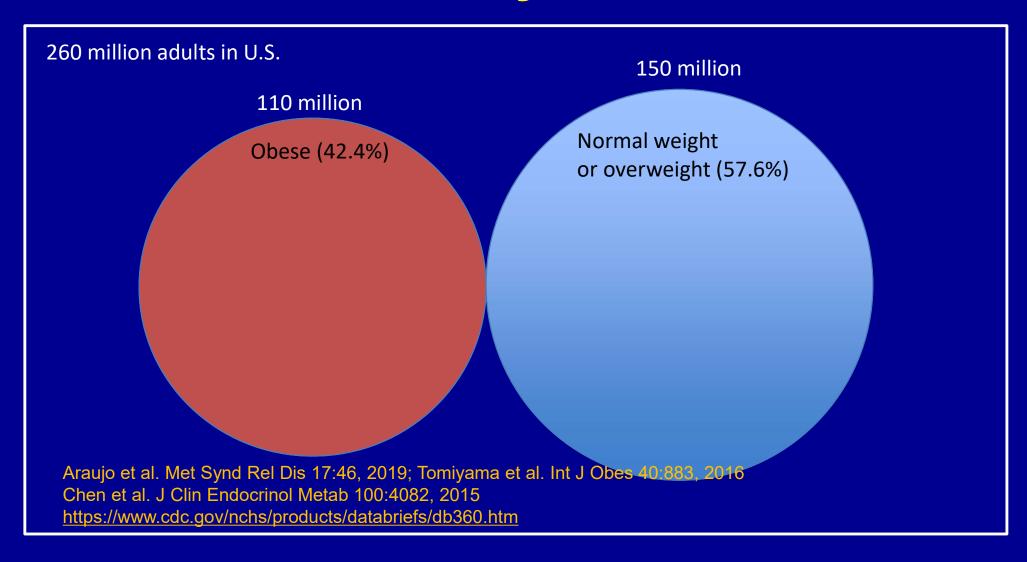
All studies

Figure 1. Pooled Obesity Prevalence in Cross-sectional and Retrospective Cohort Studies of Pediatric Type 2 Diabetes, by Study Design Source (Country) Eraspewa et al. 31 1994 (Ju-85,38 (78,74-90.09) Pinhas Hampel et al. 38 1995 (US) 97.59 (83.80-98.35) 1.9 South and all 1997 (195) 95 71 (74 13 04 1%) 1.9 Generand Jones #1 1998 (15) 3.5 50.00 (26.81-73.19) Ramachandrum et al. (7 2003 (linda) 50.00 (26.81-73.19) 1.5 Upchurch et al. (5 2003 (15) 92.86 (86.79-97.25) Wei et al. 84 2003 (Taiwan 48.00 (39.5E-56.68) Floridam et al 45 2004 (UE) 72.00/52.55.88.15 Campbell-Stokes and Taylor, 85 2005 (New Zealand) 91.67 (67.61-100.00) 1.3 lemels et al. 17 2005 (Germany) Eppera et al. 45 2006 (Western Pacifi 331 32.02 (27.10-37.16) 2.3 Ferral et al. 45 2006 (US) 77 50 (57.49-85.39) Hump et al. 55 2006 (Taiwa 58 18 (47 M) 85 7R 1.6 Fortimeter-Saucter et al, 19 2008 (US) 89.80 (79.50-96.99) 1.9 awrence et al, 51 2008 (US) Shige and Eskuchi, 15 2009 (Ja 65 12 (50 15-78 76) 1.8 Undami et al. 55 2009 (Japan) \$3.54.75.47.80.48 Arrest et al. 57 2092 (Carrelle) 211 221 95.48 /97.78 97.88 2.3 Zabeen et al. ¹⁸ 2016 (Bengladeah) Ladwig et al. ⁵⁰ 2021 (Australia and New Zealand 58.44 (47.21-69.26) 7:0 2.1 Aboffer et al, ⁶¹ 2020 (free) 100.00 (89.52-100.00 1,5 Shithweb 57 2022 (South Are 77.55 (64.69-88.29) No et al C 2021 (China) 102 OR 13 AC 02) TE 93 1.5 Total (95% Ch 76.27 (67.04-84.46) 42.2 Heterogeouty: r² = 0.0535; x'23 = 494.87 (P < .000); l² = 96% Deep et al, 55 1992 (Canada Coddington and Hismanick, ^{CL} 2001 (US) #1 #2 457 57 GE GA 1.6 Idneykoase et al. 17 2004 (Canada) 1.8 80.49 (66.77-91.39) 1.4 Scott et al. ⁶⁸ 2004 (New Zouland) 100 00 (87.18-100.00) Perez-Perdomo et al. ^{\$10} 2005 (Puerto R 80.23 (71.08-88.04) Sugitare et al, ⁷⁰ 2005 (Japan) 2.1 Sellem et al. 71 2007 (Canada 98 38.38 (29.01-48.20) 2.0 1.8 Salasanthinan et al. 73 2012 (UK) 39 58 97 (43 05, 74 03) Fu et al, 73 2013 (Chres) 2.1 248 349 71.06 (66.18-75.71) Damum et al, 74 2013 (Sude 1.8 76.32 (61.34-88.68) Haynes et al.,75 2014 (Australia Newton et al. 75 2015 (New Zooland) 95.65 (82.27-300.00) 1.5 Abbest et al. 77 2017 (UK) 47.09 (43.28-50.93) 308 654 2.1 Morrison et al, 79 2018 (UK 50.00 (26.81-73.19) Grannup et al, 10 2020 (UK) 1.8 95.24 (86.18-99.92) Van Norme et al. 79 2020 (US) 91.08 (89.23-92.78) Autuablio et al. 85 2021 (US) 333 88.59 (84.94-91.80) 2.3 2.1 Marks et al. El 2021 (US) 126 171 73.68 (6E.80-80.03) Turns et al. El 2021 (Horse Kerns) 78.77 (74.57-82.69) 2.1 Kim et al. ¹⁴ 2020 (US) Schreitt at al, NS 2022 (US) 77.07 (73.66-80.31) 350 77-22 (72.74-83.42) 75.18 (67.92-81.81) Heterogeneity: x² = 0.0314; x² zr = 586.32 (P < .001); P = 96%

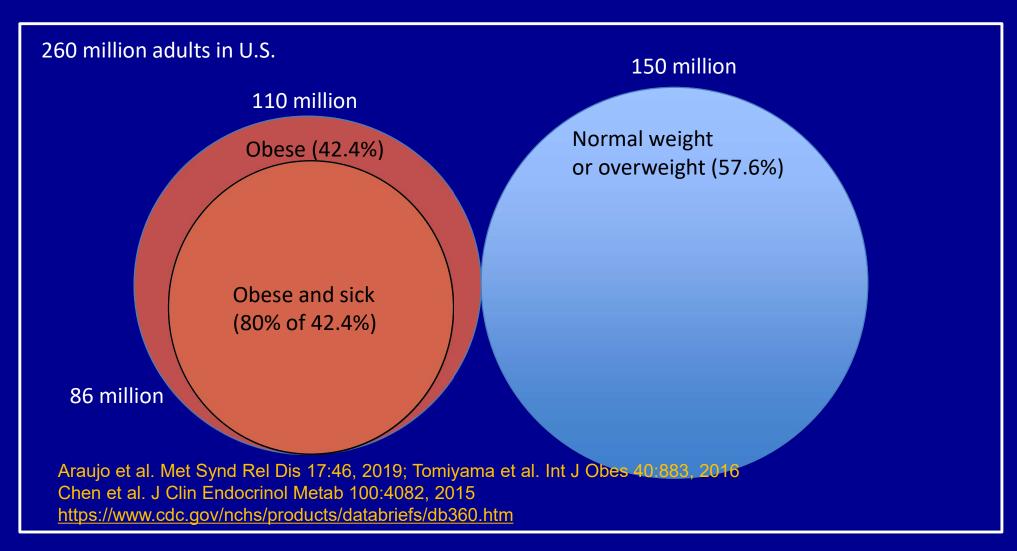
Stratified by race



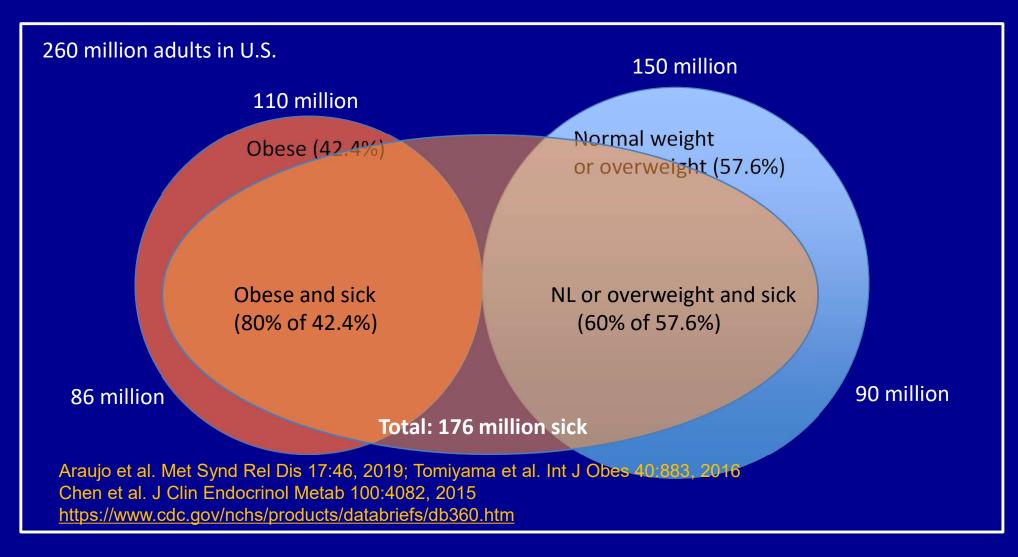
"Exclusive" view of obesity and metabolic dysfunction



"Exclusive" view of obesity and metabolic dysfunction



"Exclusive" view of obesity and metabolic dysfunction



Relation between visceral and subcutaneous obesity: TOFI (thin on the outside, fat on the inside)



Trunk fat: 12.8 (I)

ASAT: 8.2 (I)

IAAT: 4.6 (I)

IAAT/ASAT: 0.56



Trunk fat: 12.8 (I)

ASAT: 6.5 (I)

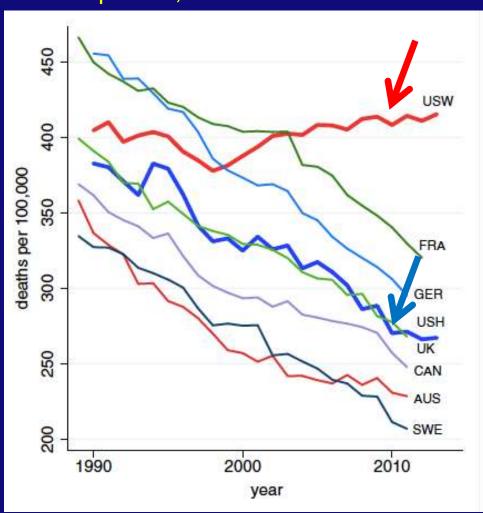
IAAT: 6.3 (I)

IAAT/ASAT: 0.97

Thomas et al. Obesity doi: 10.1038/oby.2011.142, 2011

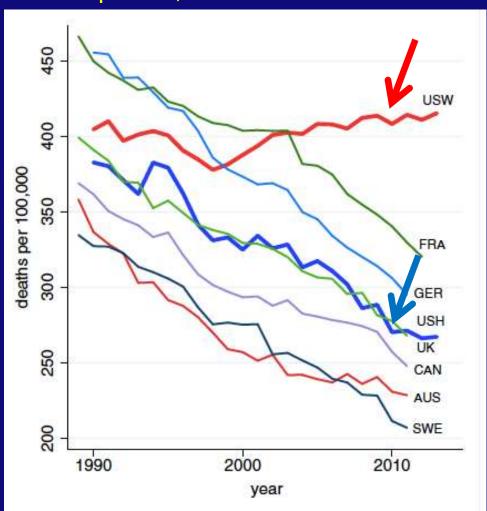
Mental Health

Death rates in US Whites vs. Hispanics, and in other countries

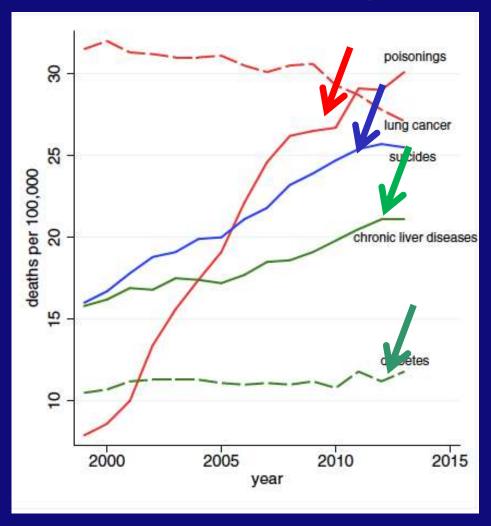


Mental Health

Death rates in US Whites vs. Hispanics, and in other countries

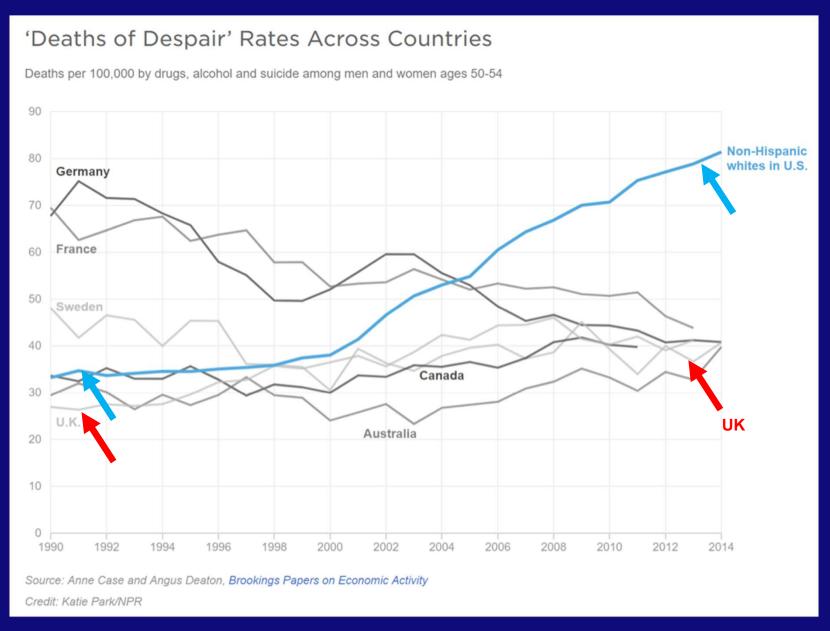


Causes of death in Whites, age 45-54

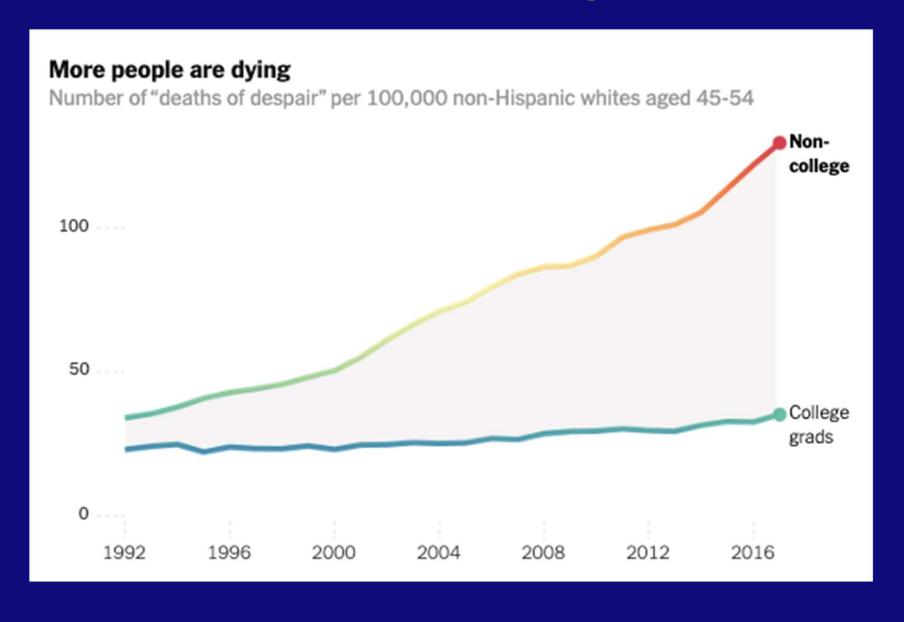


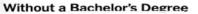
Mental Health: Deaths of Despair

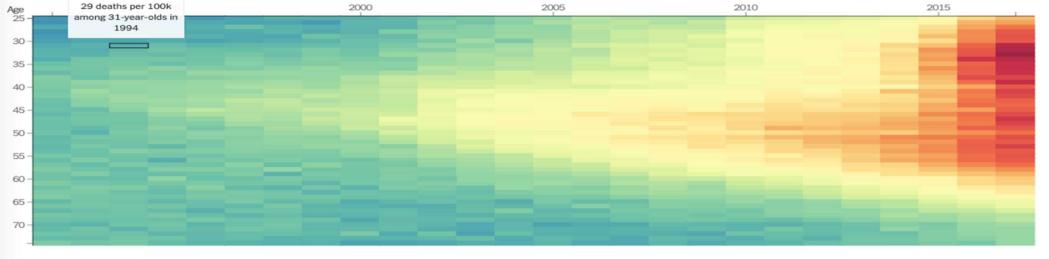
from drugs, alcohol, and suicide



Deaths of Despair



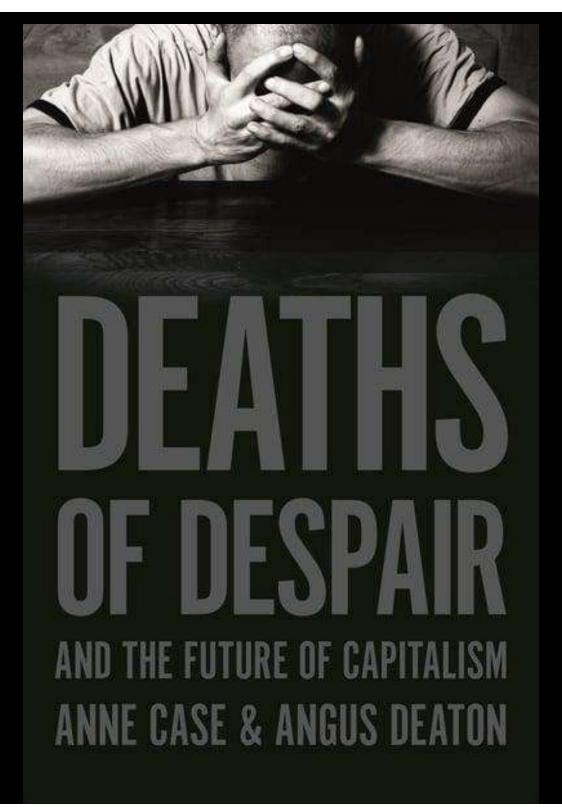




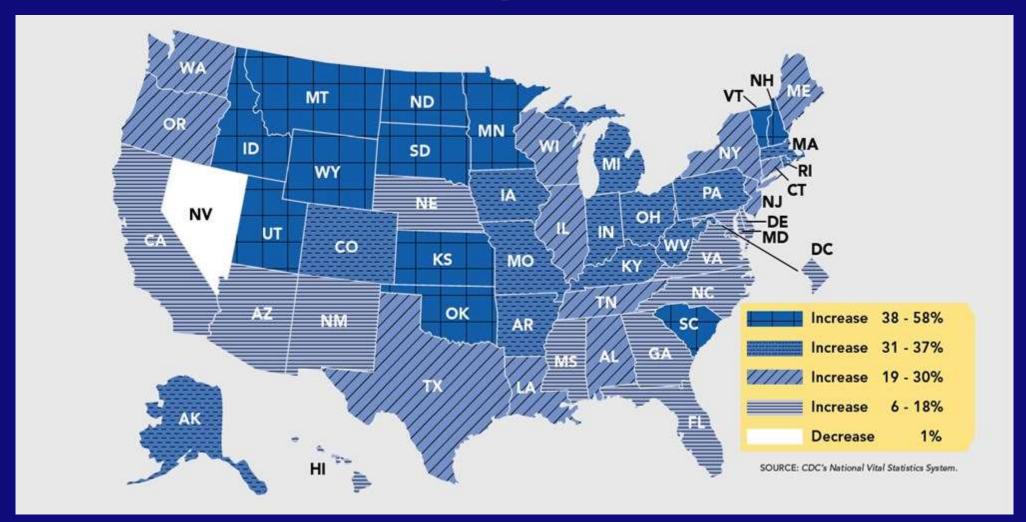
Deaths from alcohol, drugs and suicide

5 per 100K 147 per 100K

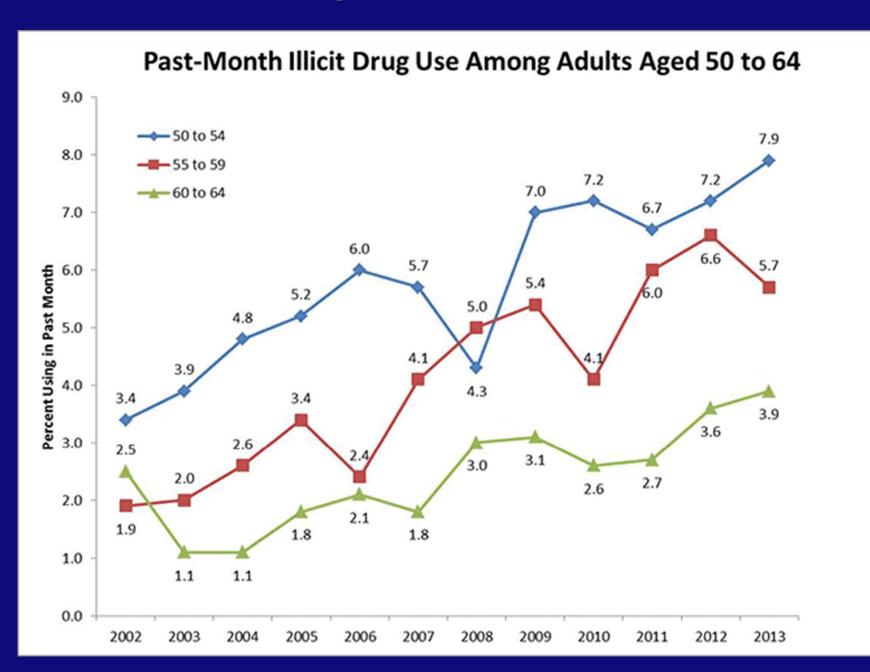




U.S. Suicide Rates up 30% in 20 years; only half of which had a known mental health problem

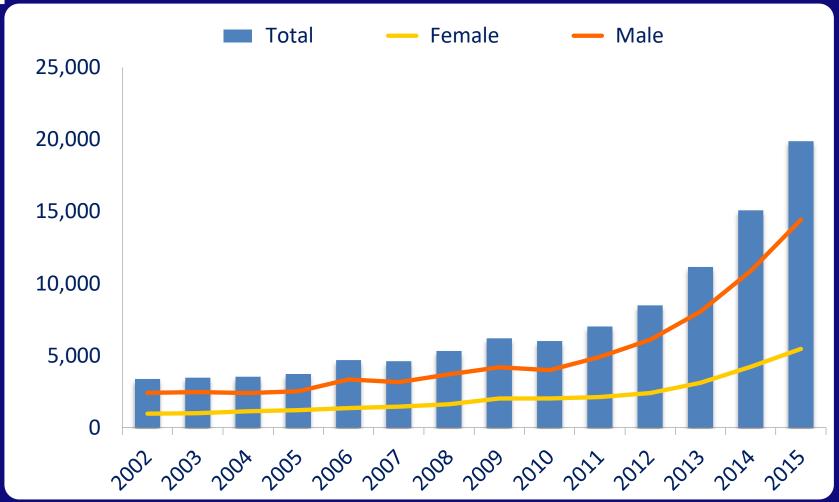


Illicit drug use in older adults





Deaths from Heroin and Non-Methadone Synthetics (e.g. fentanyl)

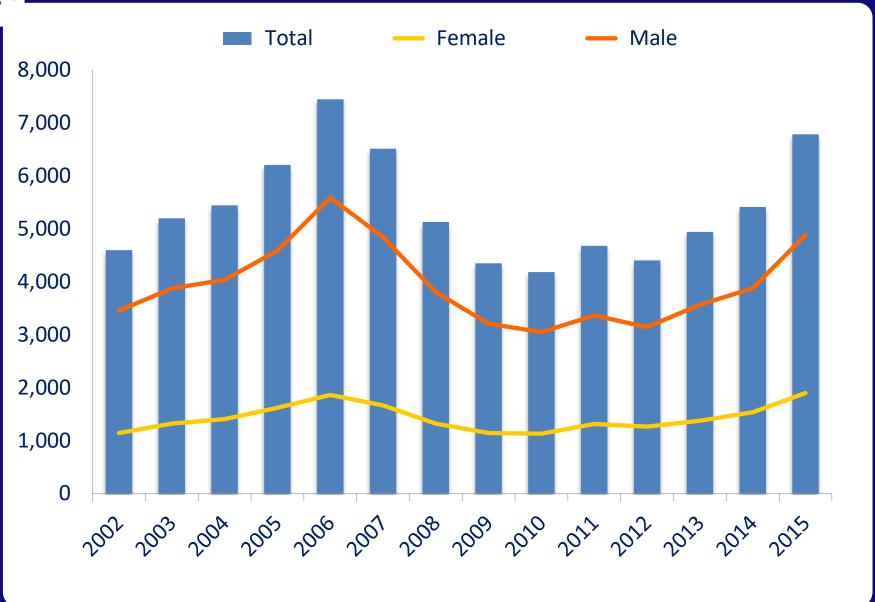


ICU admissions for opioid overdose up 58% 2009-2015





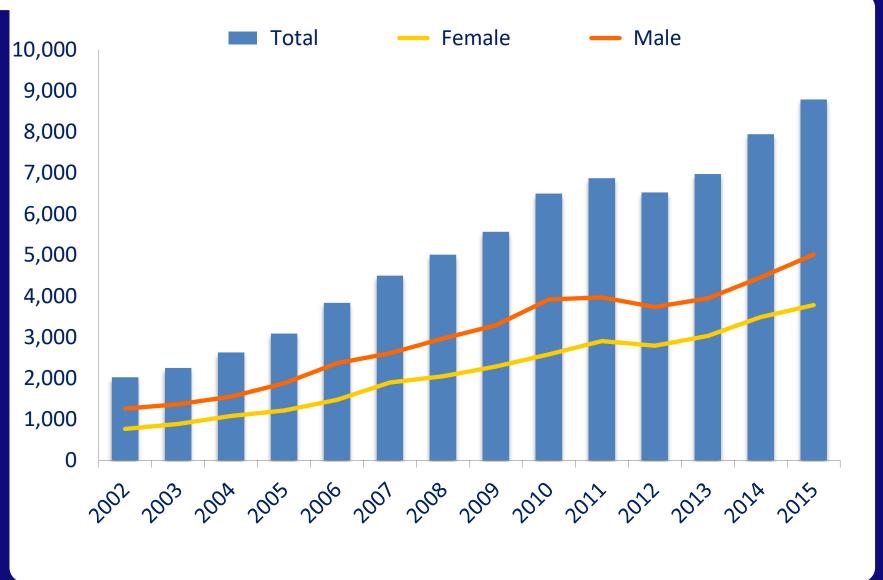
Deaths from Cocaine



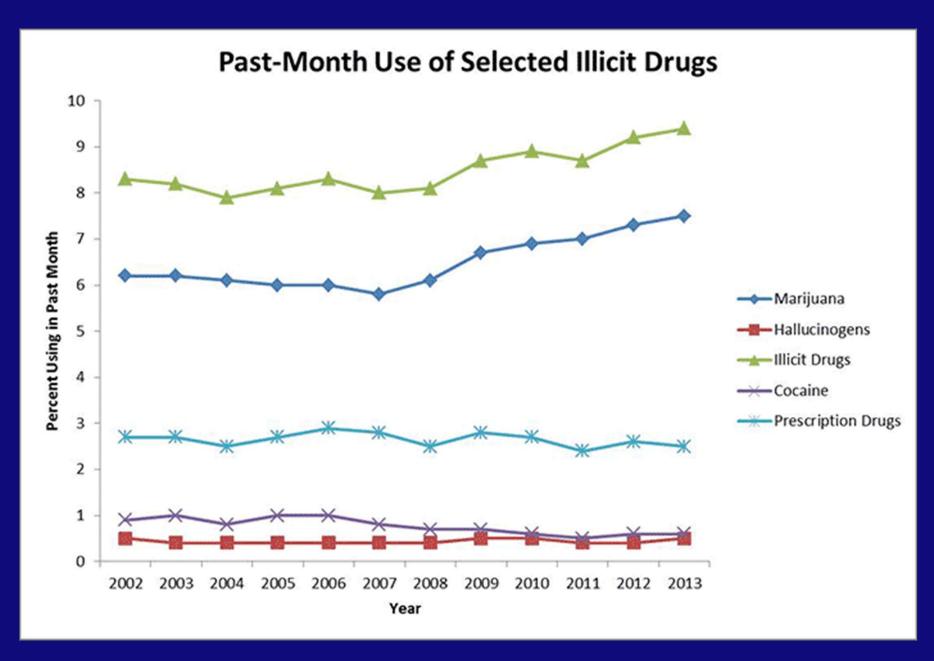




Deaths from Benzodiazepines



Illicit drug use in U.S.

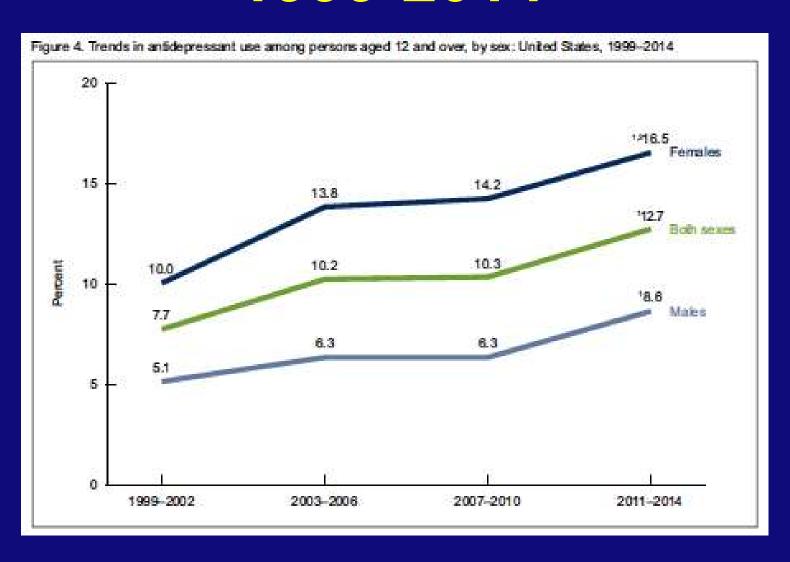


Alcohol Use Disorder Increasing from 2001 to 2013

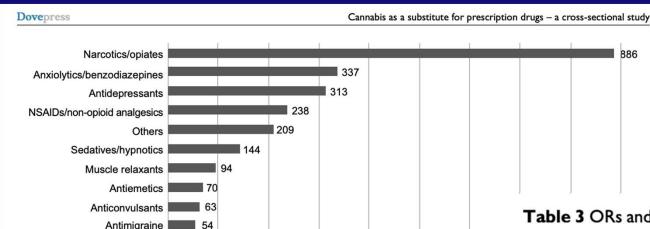
Table 3. Prevalence of and Percentage Change in 12-Month DSM-IV Alcohol Use Disorder by Sociodemographic Characteristics, 2001-2002 and 2012-2013

Sociodemographic Characteristic	% (95% CI)		
	NESARC 2001-2002 (n = 43 093)	NESARC-III 2012-2013 (n = 36309)	— % Change
Total	8.5 (8.0-8.9)	12.7 (12.1-13.3)*	49.4
Sex			
Men	12.4 (11.7-13.1)	16.7 (15.8-17.6) ^a	34.7
Women	4.9 (4.5-5.3)	9.0 (8.5-9.6) ^a	83.7
Age, y			
18-29	16.2 (15.1-17.4)	23.4 (21.9-24.9)2	44.4
30-44	9.7 (9.0-10.5)	14.3 (13.3-15.3)2	47.4
45-64	5.4 (4.9-6.0)	9.8 (9.1-10.5)*	81.5
≥65	1.5 (1.2-1.8)	3.1 (2.6-3.7)	106.7

Antidepressant Use in U.S. 1999-2014



Substitution of Marijuana for Other Prescription Drugs in Legalized States



500

600

Figure 1 Number of reported prescription drug substitutions, by drug category, during 2016 (n=2,473). Abbreviations: PPI, proton pump inhibitor; NSAIDs, nonsteroidal anti-inflammatory drugs.

Antipsychotics

PPIs 23

Table 3 ORs and 95% Cls of reporting ever having used cannabis as a substitute for prescription drugs by user type, stratified by selected sociodemographic characteristics, during 2016 (n=2,740)

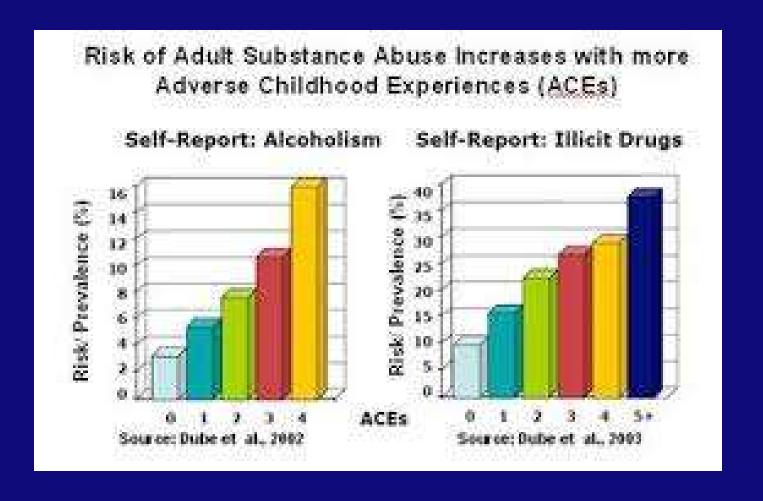
OR (95% CI)	
5.09 (4.65–7.80)	
3.67 (2.91 -4 .57)	
1.79 (3.20–7.18)	
3.72 (2.92 -4 .73)	
5.32 (3.63–7.78)	
6.19 (6.75-38.79)	
NA	

Notes: Reference, non-medical user. NA, insufficient data in one cell. **Abbreviations:** OR, odds ratio; CI, confidence interval; NA, not applicable.

Addiction in Children



Addiction in Children



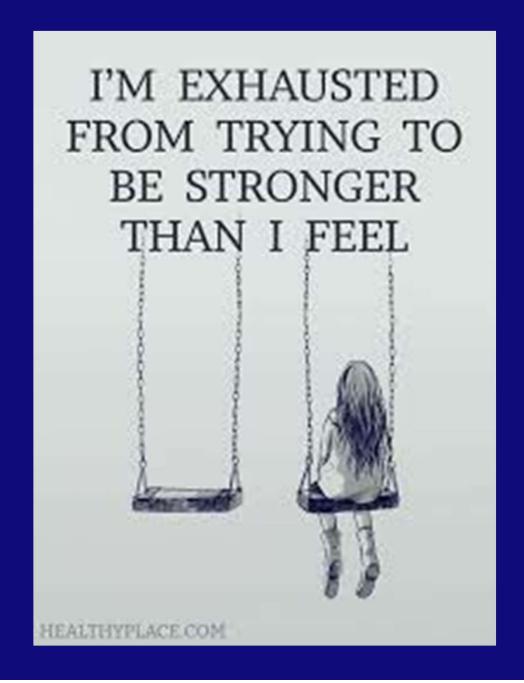
Depression

World Health Organization:

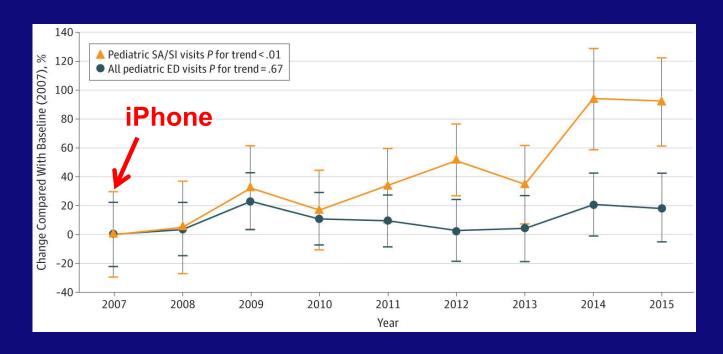
322 million people globally (4.4%)

18.5% increase in prevalence 2005—2015

Depression in Children



ER records of suicidal attempts and ideation amongst children 5-18 yr, 2008—2015

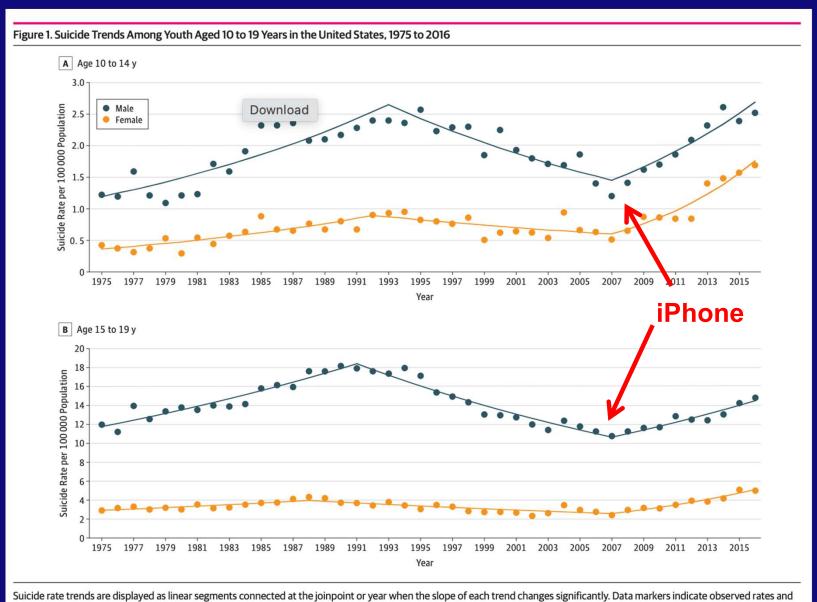


Out-patient encounters with suicidal ideation or self harm:

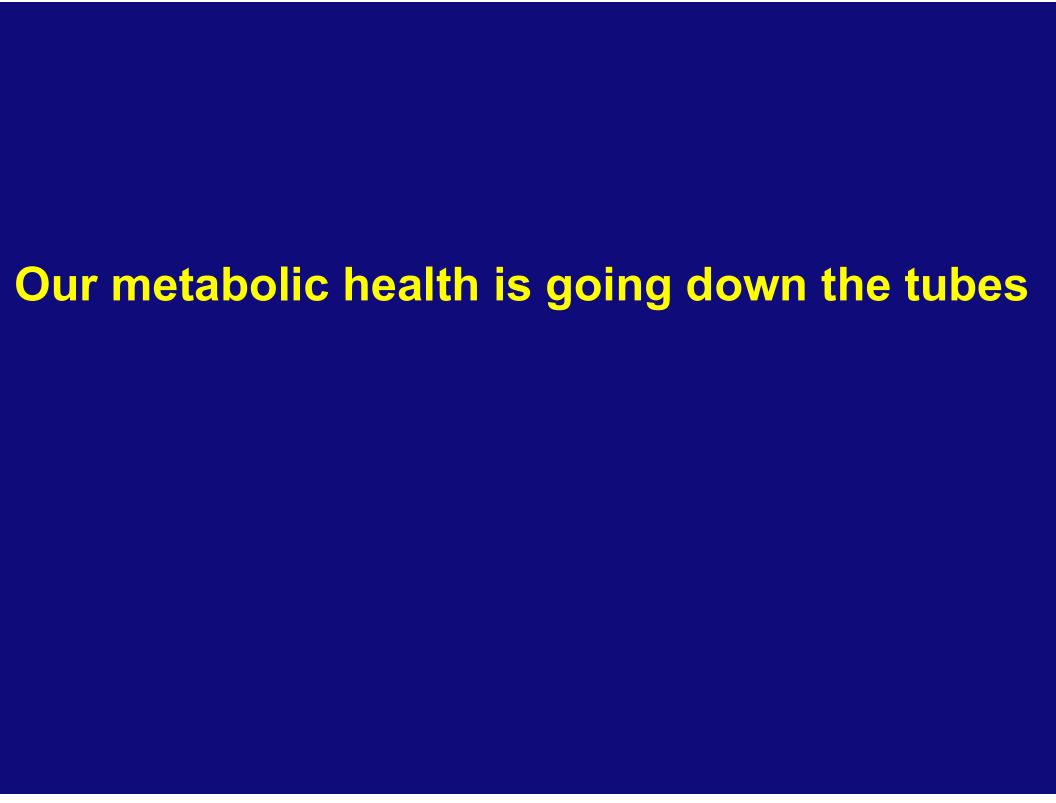
2008 0.67%

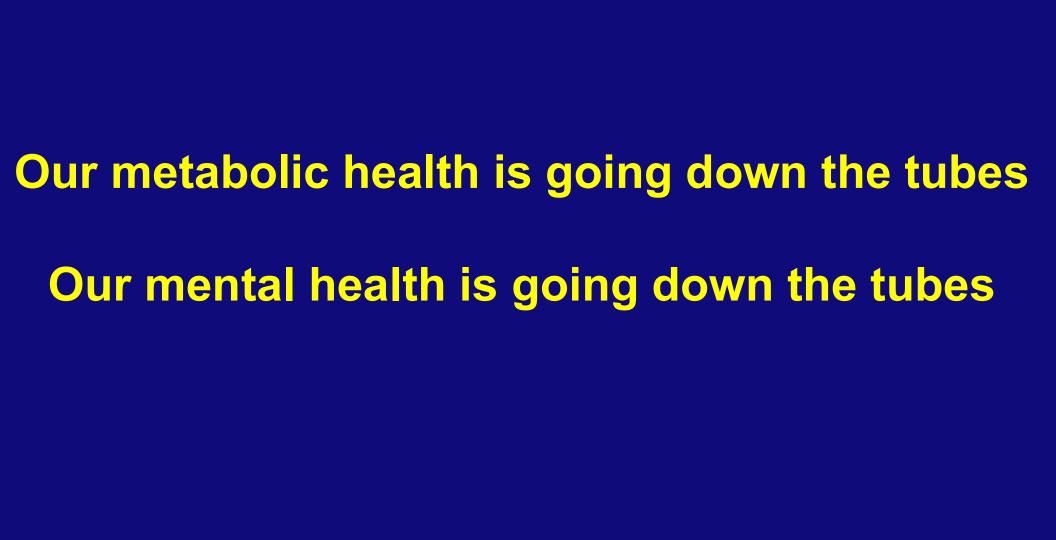
2015 1.79%

Suicides in Children ages 10-14 and 15-19



Suicide rate trends are displayed as linear segments connected at the joinpoint or year when the slope of each trend changes significantly. Data markers indicate observed rates and solid colored lines indicate model rates.



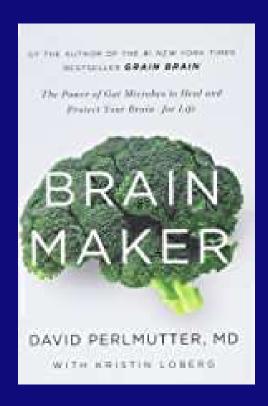


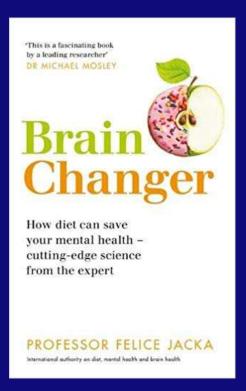
Our metabolic health is going down the tubes Our mental health is going down the tubes Our financial health is going down the tubes

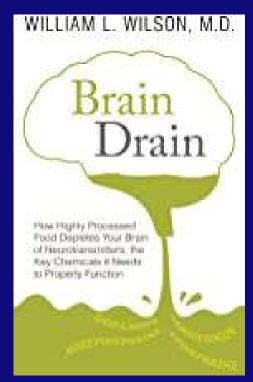
Coincidence?

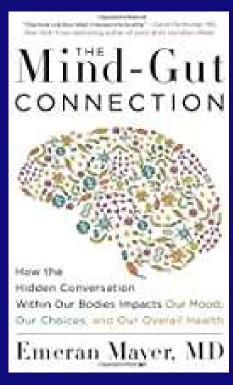
Or are they related?

Many doctors have postulated a relationship between metabolic and mental health









And there's an annual conference dedicated to exploring this relationship (Nov 2023, virtual)



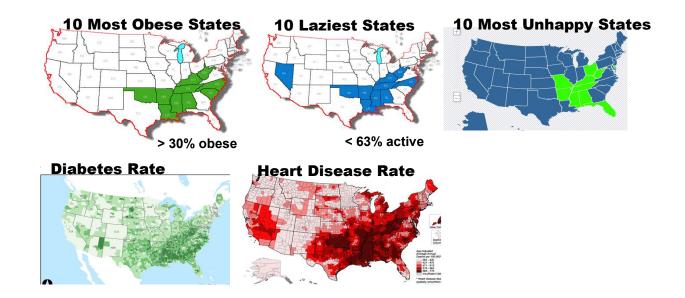


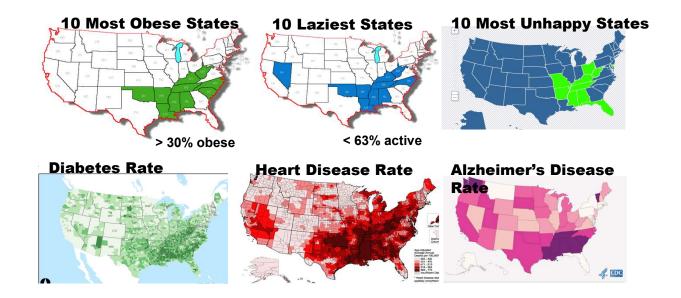


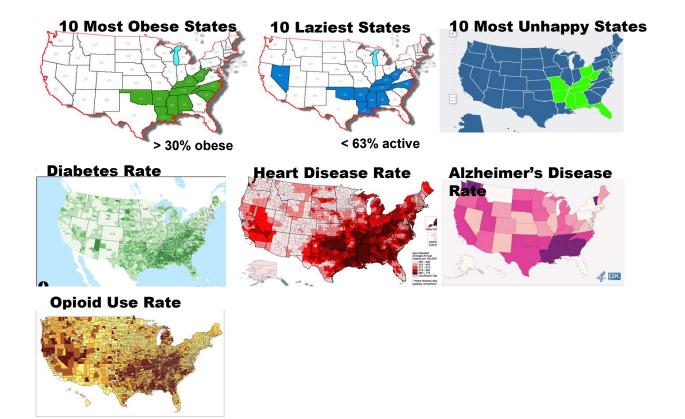


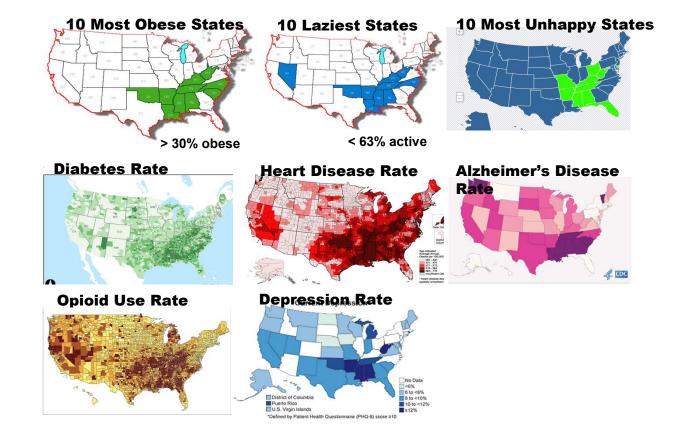


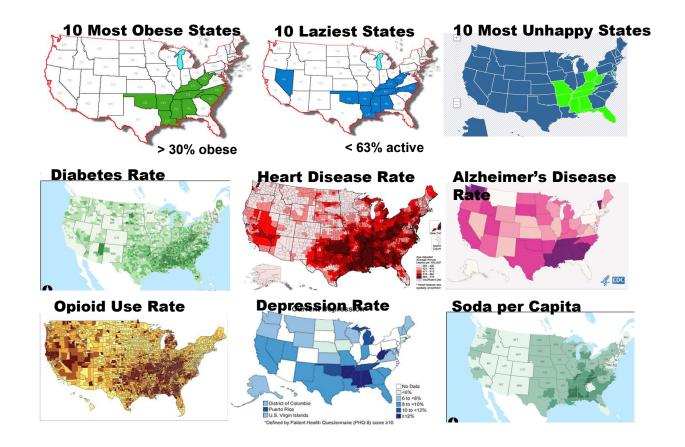




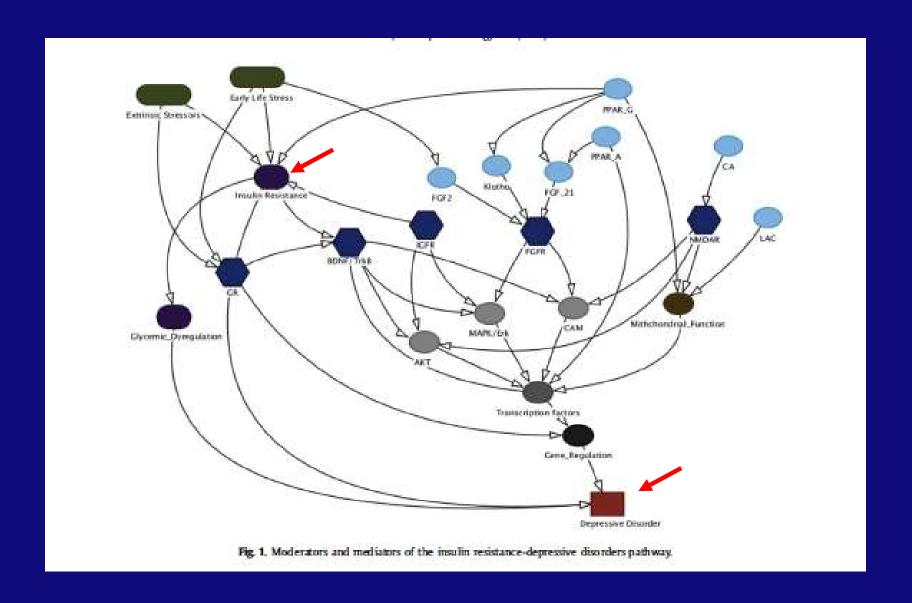




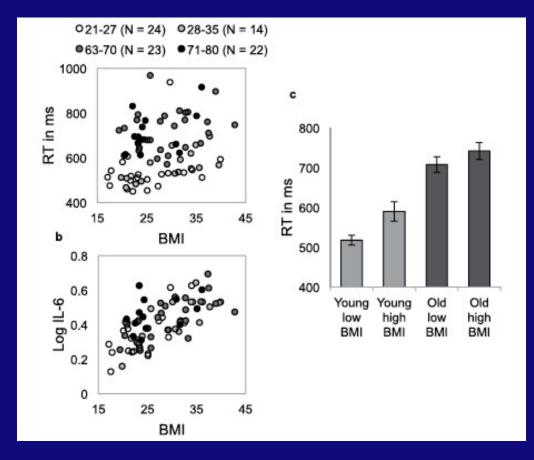


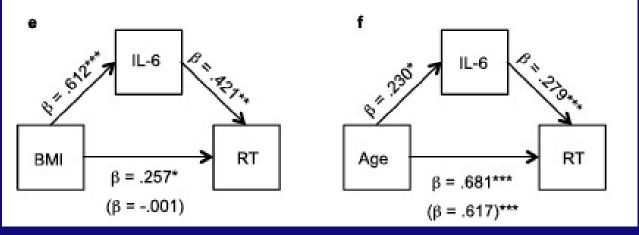


Insulin resistance is a driver of depression



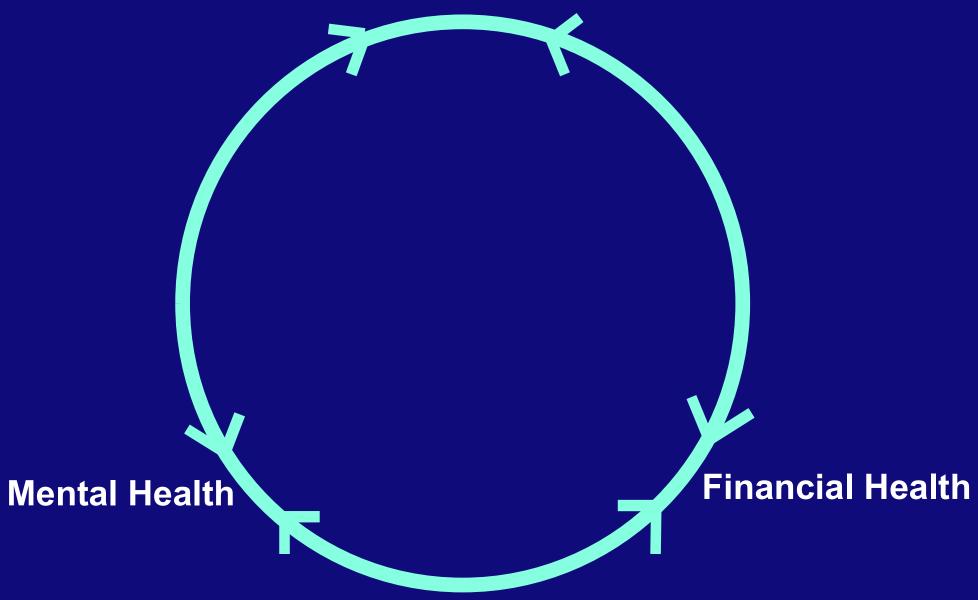
Reaction time correlates with inflammation, not BMI





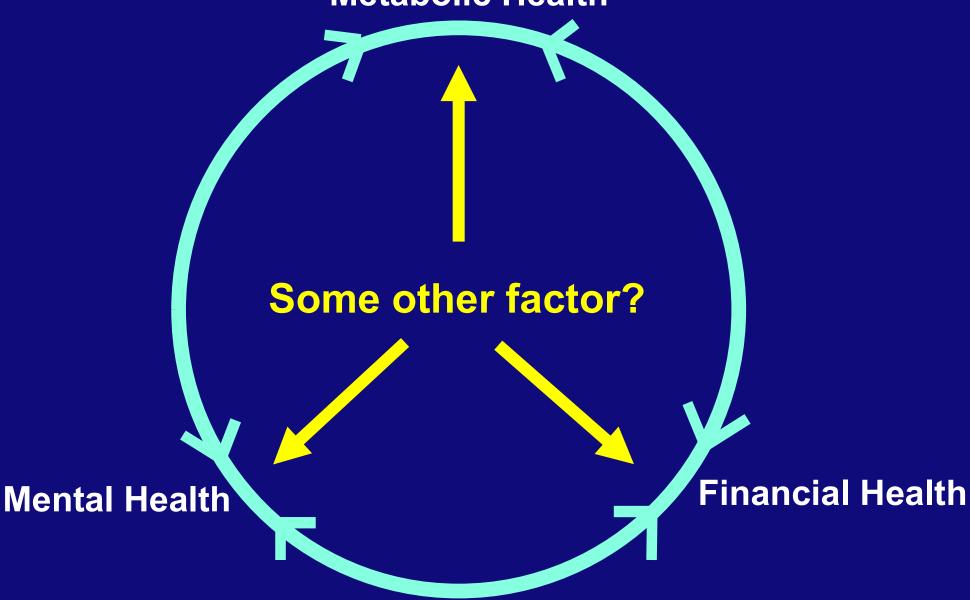
What's the causality?

Metabolic Health



What's the causality?

Metabolic Health





Does happiness itself directly affect mortality? The prospective UK Million Women Study



Bette Liu, Sarah Floud, Kirstin Pirie, Jane Green, Richard Peto, Valerie Beral, for the Million Women Study Collaborators

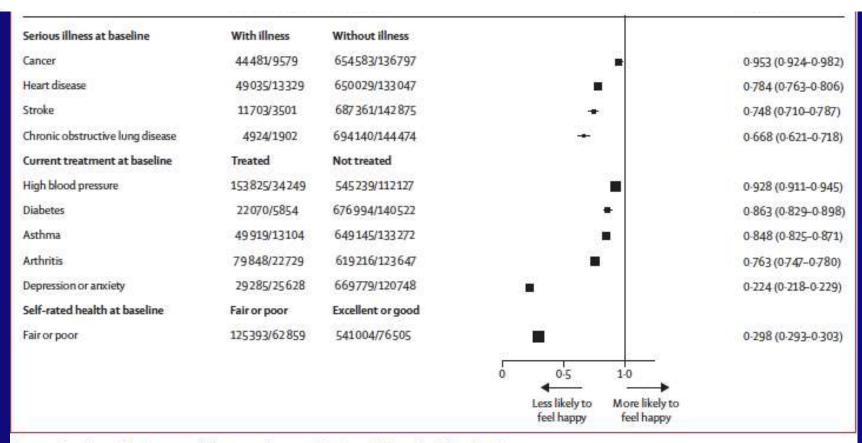


Figure 2: Correlates of being generally happy—relevance of various indices of health at baseline

Analysis for whole population (N=845440), including women later excluded for life-threatening health disorders. ORs are adjusted for age, region, area deprivation, body-mass index, qualifications, strenuous exercise, smoking, alcohol, living with a partner, parity, participation in group activities, and sleep duration. OR=odds ratio.



Does happiness itself directly affect mortality? The prospective UK Million Women Study



Bette Liu, Sarah Floud, Kirstin Pirie, Jane Green, Richard Peto, Valerie Beral, for the Million Women Study Collaborators

64	0 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Access to the contract of the
Serious illness at baseline	With illness	Without illness		
Cancer	44481/9579	654583/136797		0-953 (0-924-0-982)
Heart disease	49035/13329	650029/133047		0.784 (0.763-0.806)
Stroke	11703/3501	687 361/142 875	•	0-748 (0-710-0-787)
Chronic obstructive lung disease	4924/1902	694140/144474	-	0-668 (0-621-0-718)
Current treatment at baseline	Treated	Not treated		
High blood pressure	153825/34249	545 239/112127	3200	0-928 (0-911-0-945)
14.14 P. S. C.	22.020.000.4	£25.00.10.10.000	<u></u>	

Findings Of 719671 women in the main analyses (median age 59 years [IQR 55–63]), 39% (282619) reported being happy most of the time, 44% (315874) usually happy, and 17% (121178) unhappy. During 10 years (SD 2) follow-up, 4% (31531) of participants died. Self-rated poor health at baseline was strongly associated with unhappiness. But after adjustment for self-rated health, treatment for hypertension, diabetes, asthma, arthritis, depression, or anxiety, and several sociodemographic and lifestyle factors (including smoking, deprivation, and body-mass index), unhappiness was not associated with mortality from all causes (adjusted RR for unhappy vs happy most of the time 0.98, 95% CI 0.94–1.01), from ischaemic heart disease (0.97, 0.87–1.10), or from cancer (0.98, 0.93–1.02). Findings were similarly null for related measures such as stress or lack of control.

Figure 2: Correlates of being generally happy—relevance of various indices of health at baseline

Analysis for whole population (N=845 440), including women later excluded for life-threatening health disorders. ORs are adjusted for age, region, area deprivation, body-mass index, qualifications, strenuous exercise, smoking, alcohol, living with a partner, parity, participation in group activities, and sleep duration. OR=odds ratio.



Happiness and Longevity: Unhappy People Die Young, Otherwise Happiness Probably Makes No Difference

Bruce Headey¹ · Jongsay Yong¹

Role of Life Satisfaction

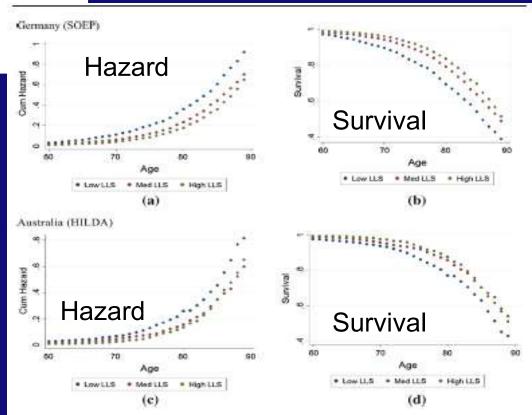


Fig. 1 Survival and hazard functions: high, medium and low LLS groups. a Kaplan-Meier survival function, b Nelson-Aalen cumulative hazard, c Kaplan-Meier survival function, d Nelson-Aalen cumulative

(p < 0.001) and Australia (p = 0.007). It remains our view, however, that many (perhaps all) of these additional controls could be partly consequences of LS, not just causes. This caveat applies particularly to variables measuring physical exercise, participation in social activities, smoking and perhaps obesity. It also likely that initial health (also included as a control in extended model II) is a consequence as well as a cause of LS.

Unhappiness doesn't kill;

it's what we do to "get happy" that does

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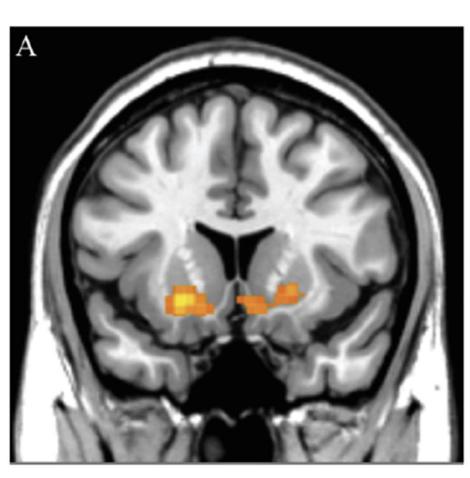
It's the pleasure, stupid

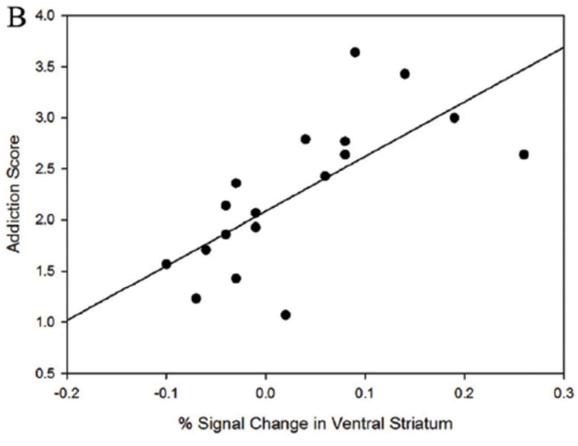
the restauration of the state of the state of SUGAR WHY WE CAN'T RESIST IT The Surprising Life of Lines or Eas Lieve to Swed? as Underwater Secrets of the Mapa se Painted Floatunts of India cor





Correlation of fMRI activation of nucleus accumbens (dopamine) with Facebook Addiction Scores





The driver of technology addiction



What's the difference between apps we cherish vs. regret?

We partnered with Moment, an app that helps people track their screen time, to ask how much screen time in apps left people feeling happy, and how much time left them in regret.

The rankings below reflect data collected from a pool of 200,000 iPhone users.

Most Happy			Most Unhappy		
	% of Users Happy	Daily Usage (Minutes)		% of Users Unhappy	Daily Usage (Minutes)
1. Calm	99% 🙂	10	1. Grindr	77% 😀	61
2. Google Calendar	99% 🙂	3	2. Candy Crush Saga	71% 😀	46
3. Headspace	99% 🙂	4	3. Facebook	64% 😀	59
4. Insight Timer	99% 🙂	20	4. WeChat	62% 🙁	97
5. The Weather	97% 🙂	3	5. Candy Crush	59% 🙁	47
6. MyFitnessPal	97% 🙂	8	6. Reddit	58% 🙁	56
7. Audible	97% 🙂	8	7. Tweetbot	58% 🙁	78
8. Waze	96% 🙂	19	8. Weibo	57% 🙁	73
9. Amazon Music	96% 🙂	7	9. Tinder	56% 🙁	22
10. Podcasts	96% 🙂	8	10. Subway Surf	56% 🙁	32
11. Kindle	96% 🙂	26	11. Two Dots	53% 🙁	34
12. Evernote	96% 🙂	10	12. Instagram	51% 🙁	54
13. Spotify	95% 🙂	9	13. Snapchat	50% 🙁	61
14. Weather	95% 🙂	2	14. 1010!	45% 🙁	35
15. Canvas	95% 🙂	5	15. Clash Royale	42% 😀	58

The devils you know "—aholic"

Chemical

- nicotine
- alcohol
- cocaine
- methamphetamine
- heroin
- sugar

Behavioral

- shopping
- gambling
- internet gaming
- social media
- pornography

The hack:

 The systematic confusion and conflation of pleasure with happiness

Happiness

Happiness

1. Short lived

1. Long lived

Happiness

1. Short lived

1. Long lived

2. Visceral

2. Ethereal

Happiness

1. Short lived

1. Long lived

2. Visceral

2. Ethereal

3. Taking

3. Giving

Happiness

1. Short lived

1. Long lived

2. Visceral

2. Ethereal

3. Taking

3. Giving

4. Experienced alone

4. Experienced with others

Happiness

- 1. Short lived
- 2. Visceral
- 3. Taking
- 4. Experienced alone
- 5. Achievable with substances

- 1. Long lived
- 2. Ethereal
- 3. Giving
- 4. Experienced with others
- 5. Not achievable with substances

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- 6. Extremes lead to addiction
 - 6. Can't be addicted to happiness

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6. Can't be addicted to happiness

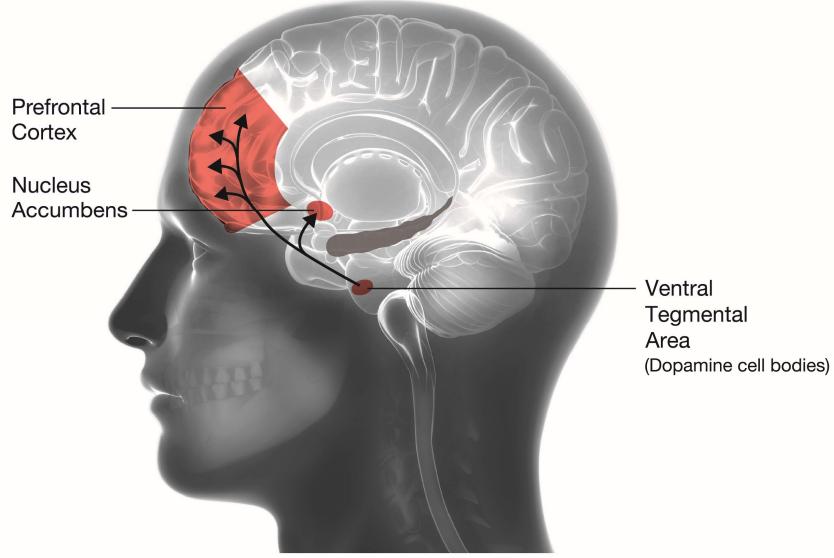
7. Dopamine

7. Serotonin

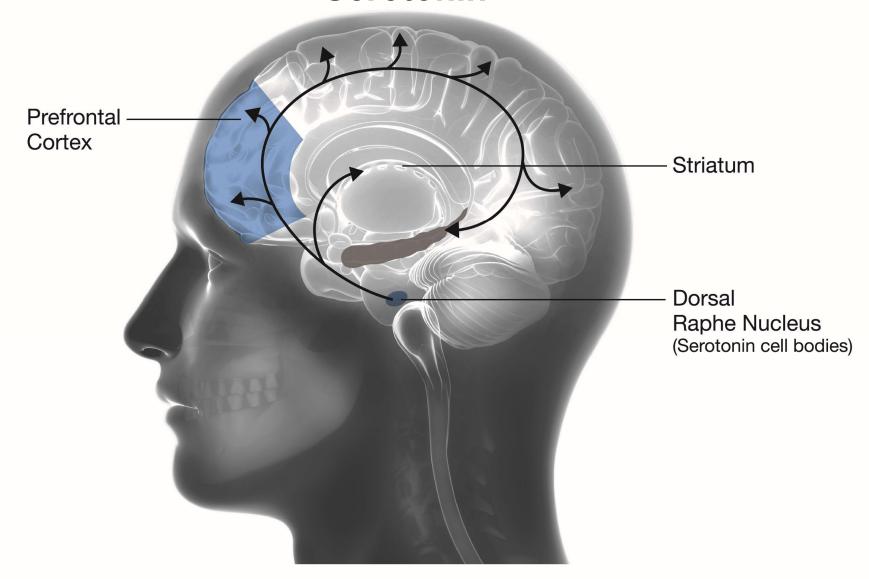
All of these utilize the same three neural pathways in the "limbic" system of the brain

- 1. The "Reward" Pathway
- 2. The "Contentment" Pathway
- 3. The "Stress-Fear-Memory" Pathway

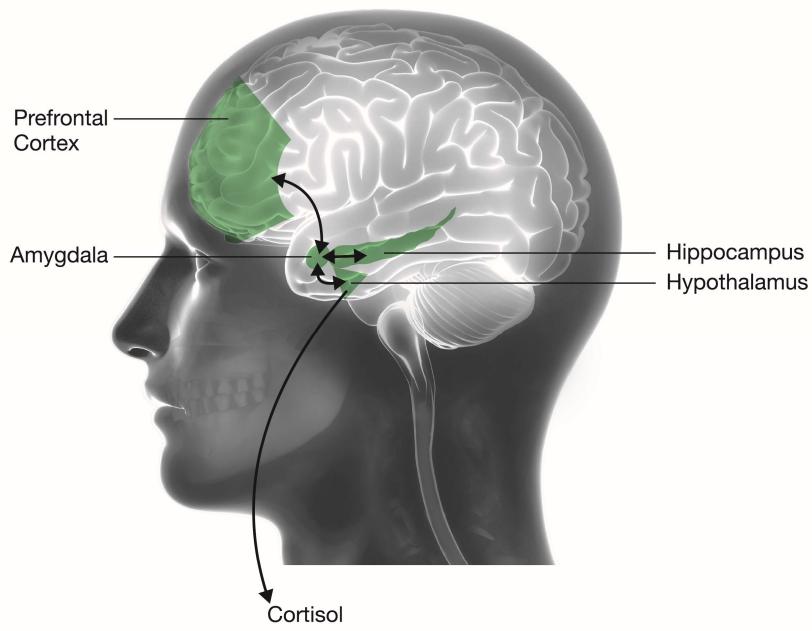
Reward Pathway Dopamine



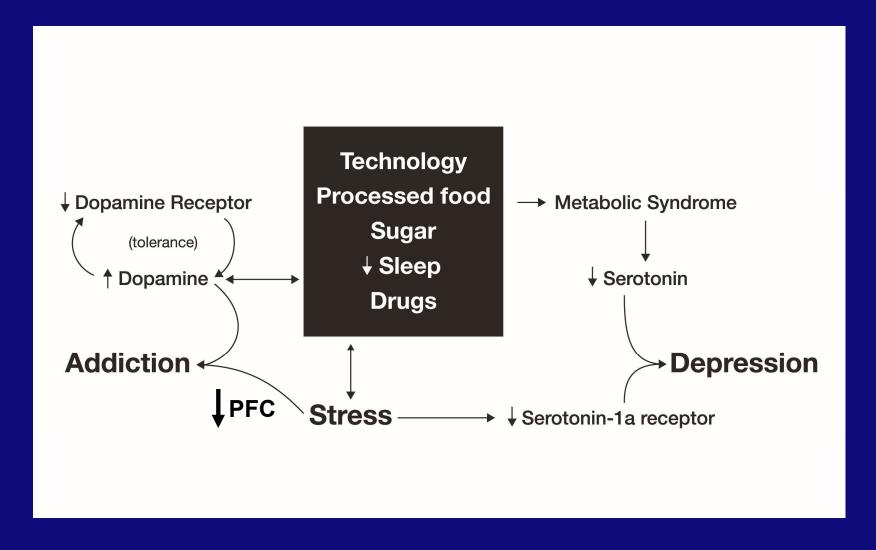
Contentment Pathway Serotonin



Stress-Fear-Memory Pathway Cortisol



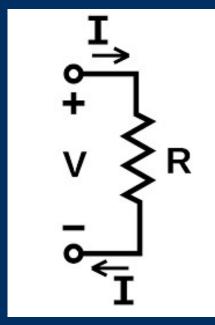
The dopamine-cortisol-serotonin interaction

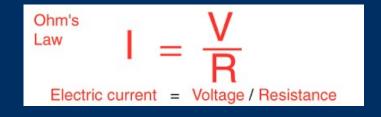


Excitatory neurotransmitters, down-regulation, and addiction

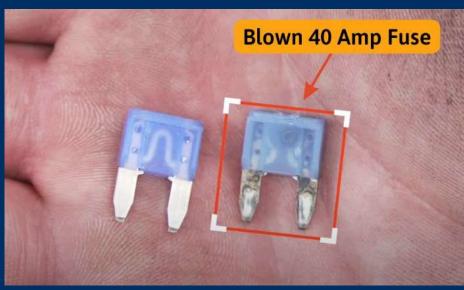
- Dopamine is excitatory
- Long-term chronic firing can kill neurons
- To protect themselves, neurons down-regulate the dopamine receptor
- Get a hit, get a rush receptors go down
- Next time you need a bigger hit to get the same rush (tolerance)
- When the neurons start to die, that's addiction

Ohm's Law and Insulation Resistance









1. Not all drugs "fry neurons":

Benzodiazepines don't (GABA – inhibitory)

Psychedelics don't (Serotonin – inhibitory)

2. Only excitatory drugs lead to cell death

e.g. cocaine, ecstasy, meth, PCP

Unmyelinated neurons are more likely to die from chronic excitation, e.g. adolescent PFC's

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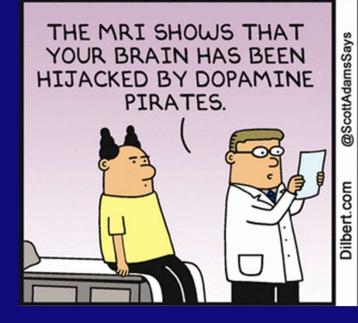
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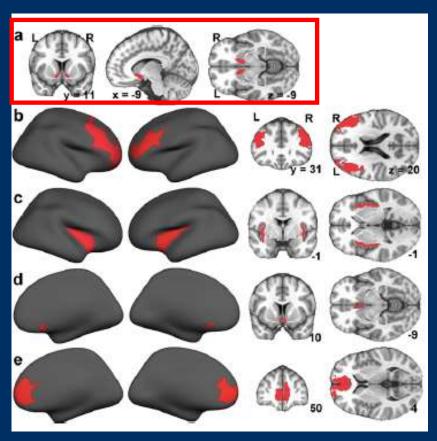
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YOU ARE NOW UNDER THE FULL CONTROL OF SOCIAL MEDIA COR-PORATIONS, GAMBLING CASINOS, AND BIG PHARMA.

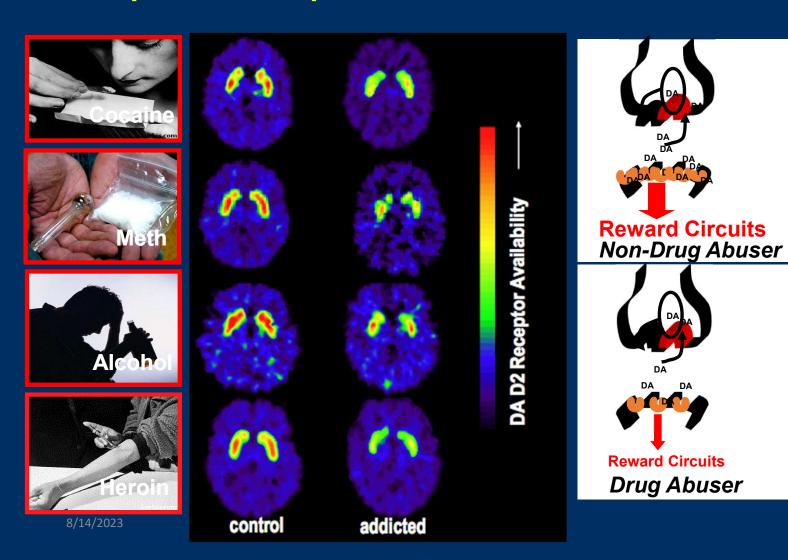


Decreased myelinization in nucleus accumbens in depression

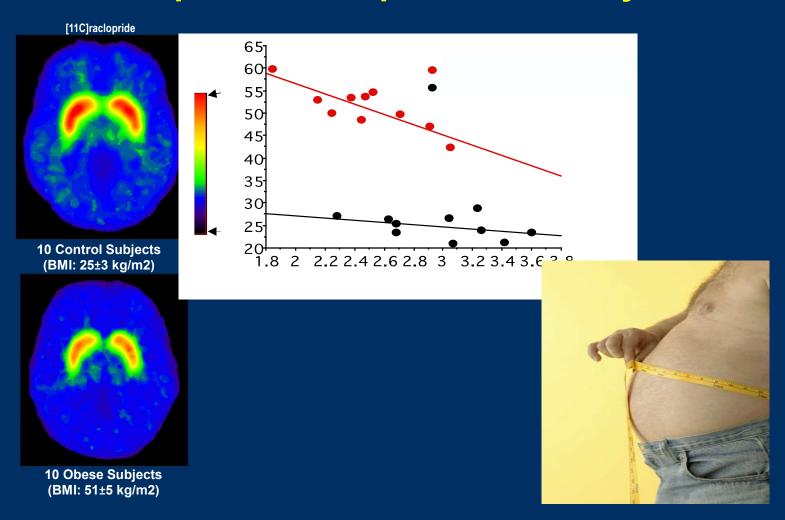


ROI	MDD		CTL		F	p-value	Partial η^2
	M/EMM	SE	M/EMM	SE			
Without whole-brain R1 covar	riate						
NAcc	0.635	0.004	0.650	0.004	7.33	0.008	0.09
LPFC	0.734	0.004	0.745	0.004	4.40	0.039	0.05
Insula	0.628	0.002	0.634	0.002	3.62	0.061	0.05
sgACC	0.610	0.004	0.625	0.004	5.69	0.019	0.07
mPFC	0.726	0.004	0.734	0.004	1.57	0.214	0.02
Lateral striate ^a	0.665	0.009	0.675	0.009	0.65	0.421	0.01
Lateral extrastriate a	0.718	0.005	0.726	0.005	1.38	0.244	0.02
Medial striate	0.740	0.005	0.749	0.005	2.02	0.160	0.03
Medial inferior extrastriate ^a	0.641	0.005	0.647	0.005	0.80	0.374	0.01
Medial superior extrastriate ^a	0.681	0.005	0.695	0.005	4.22	0.043	0.05
Whole-brain R1 covariate							
NAcc	0.636	0.004	0.649	0.004	5.89	0.018 ^b	0.07
LPFC	0.738	0.003	0.741	0.003	0.59	0.445	0.01
Insula	0.630	0.002	0.632	0.002	0.86	0.358	0.01
sgACC	0.614	0.004	0.622	0.004	2.15	0.147	0.03
mPFC	0.731	0.003	0.729	0.003	0.35	0.555	0.01
Lateral striate ^a	0.672	0.008	0.668	0.008	0.10	0.758	0.00
Lateral extrastriate ^a	0.723	0.004	0.721	0.004	0.04	0.848	0.00
Medial striate ^a	0.745	0.003	0.744	0.003	0.01	0.920	0.00
Medial inferior extrastriate ^a	0.644	0.004	0.644	0.004	0.00	0.949	0.00
Medial superior extrastriate ^a	0.686	0.004	0.690	0.004	0.65	0.421	0.01

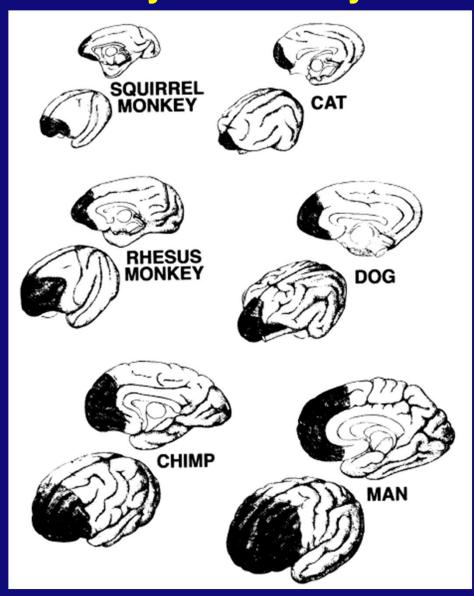
Dopamine receptors are lower in addiction



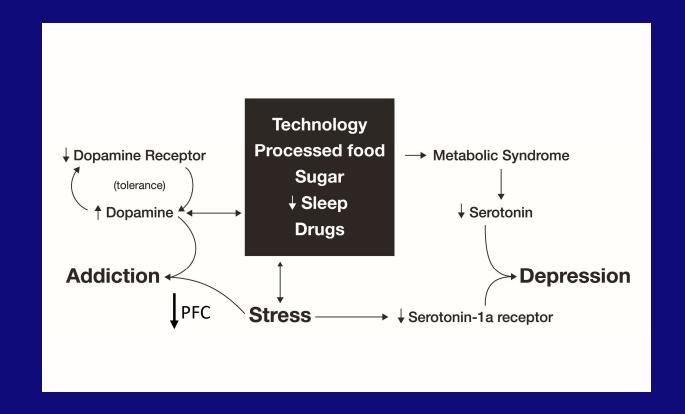
Lower dopamine receptors in obesity as well



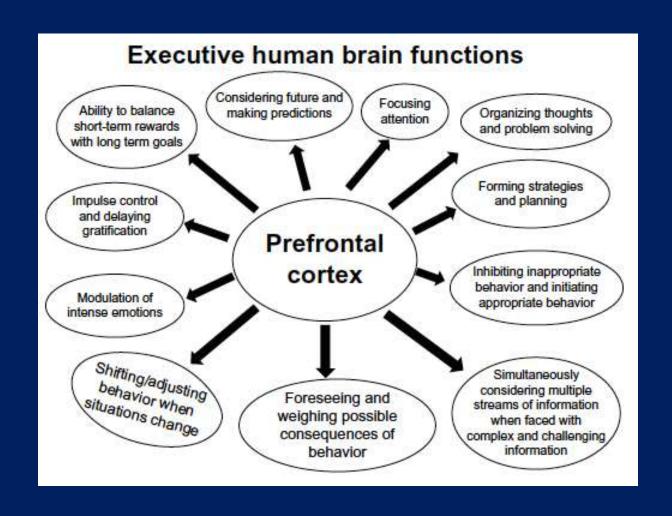
The prefrontal cortex (PFC) The "executive function center" The "Jiminy Cricket" of your brain



The dopamine-cortisol-serotonin interaction



Functions of the adult PFC



Evolution of the skull in hominids



Chimpanzee
Pan troglodytes
modem
300-500 mL



STS 5
Australop@hecus
africanus
2.5 million years
487 mL



STS 71 A africanus 2.5 million yrs 450 mL



KNM-ER 1813 Homo habilis 1.89 million yrs 506 mL



OH24 Homo habilis 1.8 million yrs 586 mL



KNM-ER 1470 Homo rudolfensis 1.89 million yrs 776 mL



KNM-ER 3733 Homo ergaster 1.78 million yrs 825 mL



Broken Hill 1 Homo heidelbergensis 0.35 million yrs 1310 m.L.



La Ferrassie 1 Homo sapiens neander thalensis 0.07 million yrs 1650 mL



La Chapelleaux-Saints Homo sapiens neander thalensis 0.05 million yrs 1609 mL

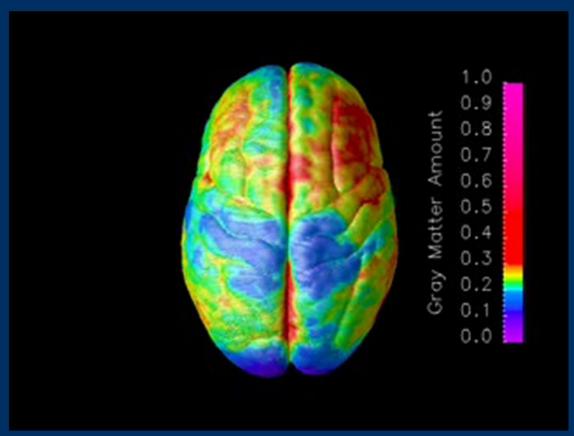


Cro-Magnon I
Homo sapiens
sapiens
0.03 million yrs
1616 mL

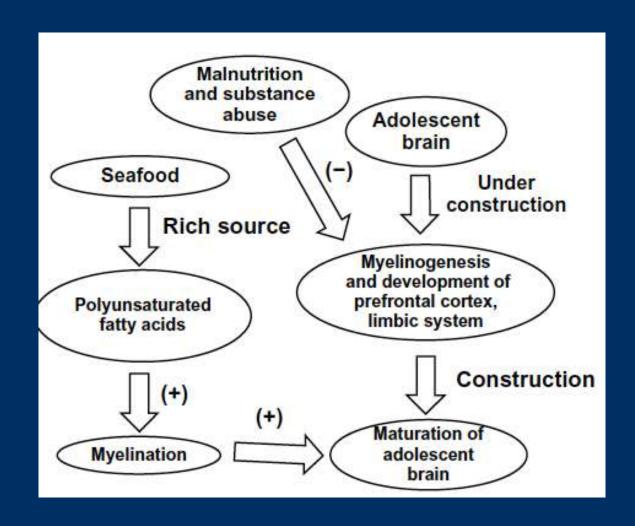


Homo sapiens sapiens Modern Average cranial capacity: 1375 / 1215 (male/female)

Ontogeny recapitulates phylogeny: The PFC is the last area to develop, and the last to myelinate

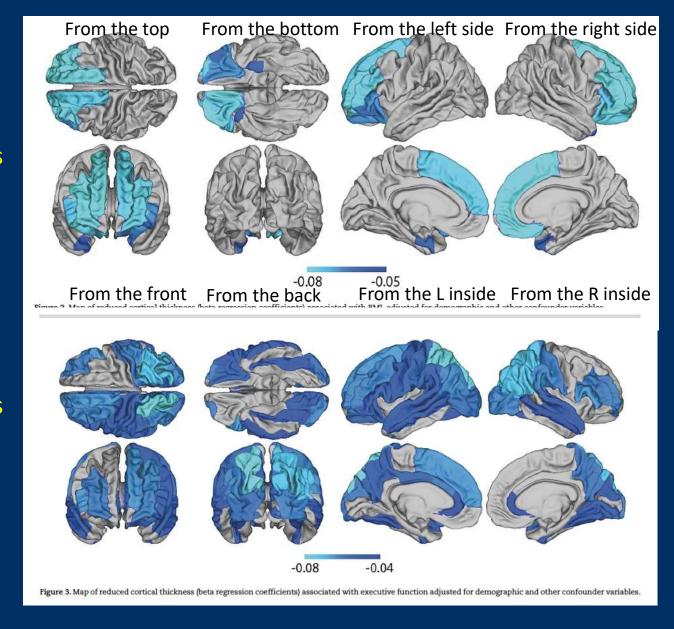


Drug abuse inhibits organization and functioning of the PFC in adolescents

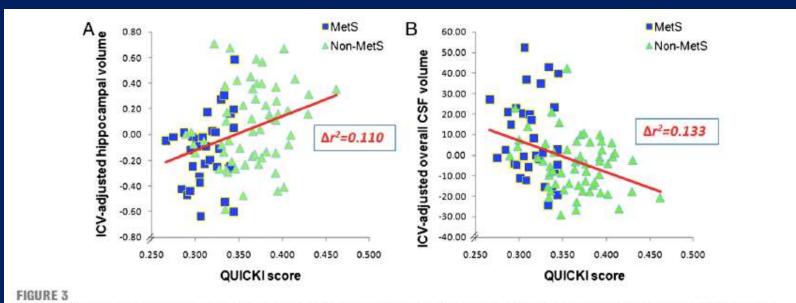


Cortical thickness and BMI

Cortical thickness and executive function



Reduced hippocampus but more CSF in adolescents with metabolic syndrome



Lower QUICKI scores (more IR) were associated with smaller ICV-adjusted hippocampal volumes (n = 91) (A) and larger ICV-adjusted overall CSF volumes (n = 92) (B).

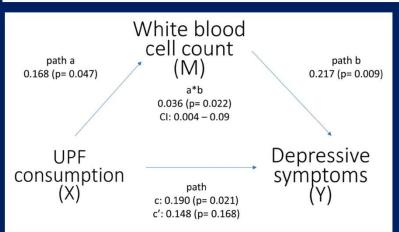
Reduced prefrontal cortical function in adolescents with metabolic syndrome

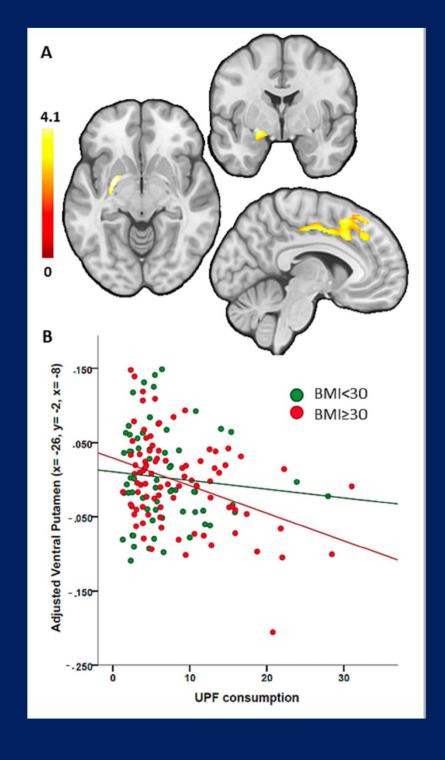
Table 2.	Domain	scores	by	MetS	classification	group.
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	No MetS (n = 204)	MetS (n = 84)	р	Effect Size (r)
Memory	100.88 (13.86)	97.94 (15.55)	0.195	0.08
Processing Speed	100.57 (13.46)	100.64 (13.14)	0.774	0.03
Executive Function	101.47 (14.34)	96.97 (15.43)	0.020	0.15
Reaction Time	100.39 (13.69)	101.03 (12.81)	0.790	0.02
Complex Attention	103.93 (10.17)	101.32 (11.25)	0.109	0.11
Cognitive Flexibility	101.61 (14.20)	96.53 (16.00)	0.020	0.15
Verbal Memory	100.68 (14.07)	98.18 (15.19)	0.225	0.07
Visual Memory	100.18 (14.92)	99.21 (14.41)	0.674	0.03

Consumption of ultra-processed foods is associated with depression, mesocorticolimbic volume, and inflammation

Brain regions	x	у	z	t	cs	p-Value
All participants						
Ventral posterior cingulate	-2	-53	23	3.63	121	<0.001
Middle cingulate gyrus	-9	6	42	3.35	-	0.056
L amygdala		-2	-14	2.95	-	0.030
Participants with obesity						
L ventral putamen ^a	-26	-2	-8	4.07	143	<0.001
L amygdala ^b		-2	-14	2.84	-	0.039
Dorsomedial frontal cortex ^b		18	53	3.37	-	0.044



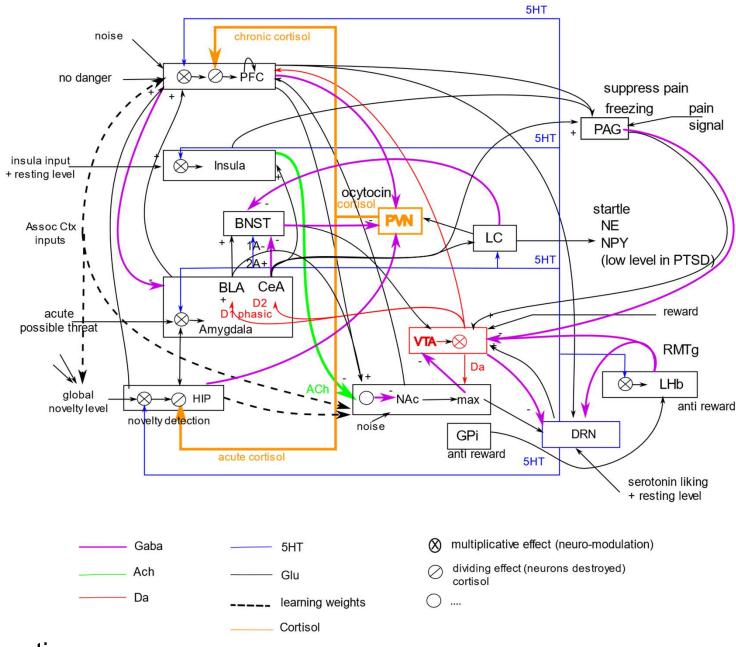


Mental Health Problems Increasing in Prevalence and Severity

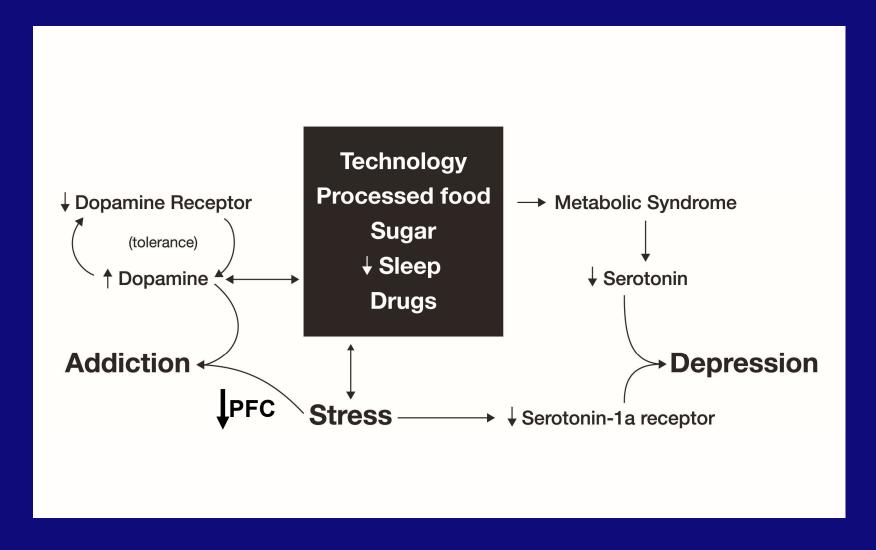
All inhibited by the Prefrontal Cortex:

- Nucleus Accumbens Addiction
- Dorsal Raphe Nucleus Depression
- Amygdala Anxiety / Pain
- Associative Cortex Inattention
- Insula Hate

Computational Model of the Limbic System

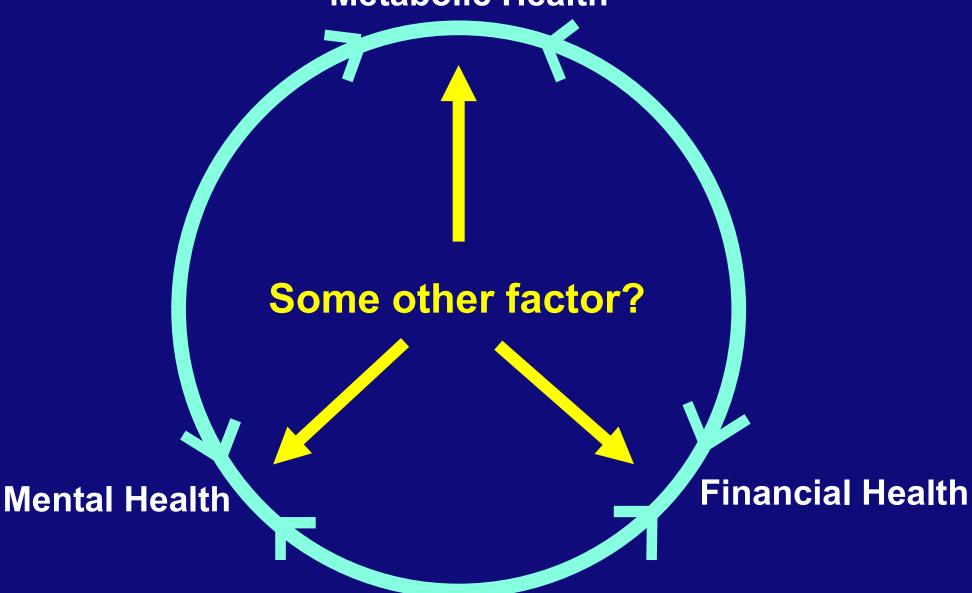


The dopamine-cortisol-serotonin interaction



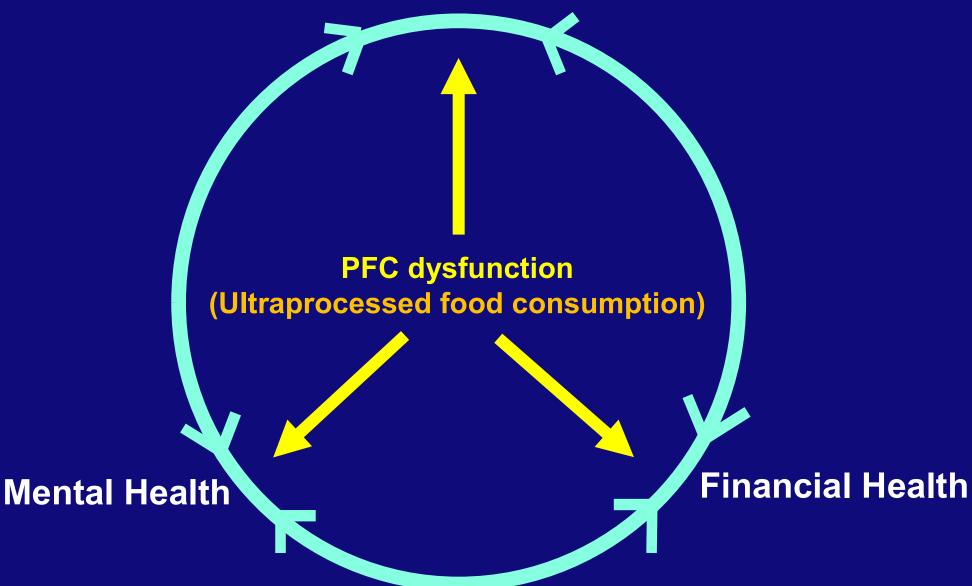
What's the causality?

Metabolic Health



What's the causality?

Metabolic Health



What can we do personally?

The Four C's: all evidence-based and clinically proven to:

up your serotonin; tamp down your dopamine; lower your cortisol —

or your money back!

Reclaiming Conversation

The Power of Talk in a Digital Age



Sherry Turkle

AUTHOR OF ALONE TOGETHER

Connect (1)

 Religion's ability to increase happiness is not through belief, but through social interaction

 Interpersonal (face-to-face) connection activates "mirror neurons" responsible for empathy

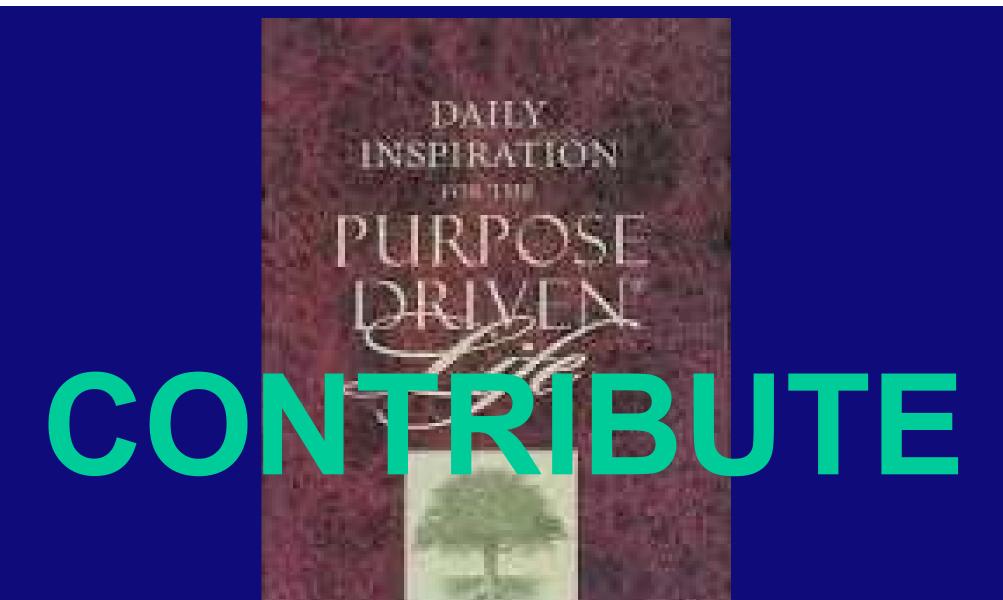
Empathy is required for serotonin generation

Connect (2)

Yet social media generates dopamine

Studies show that Facebook use leads to social isolation and depression

 Sherry Turkle, MIT —Social media means we're "alone together"



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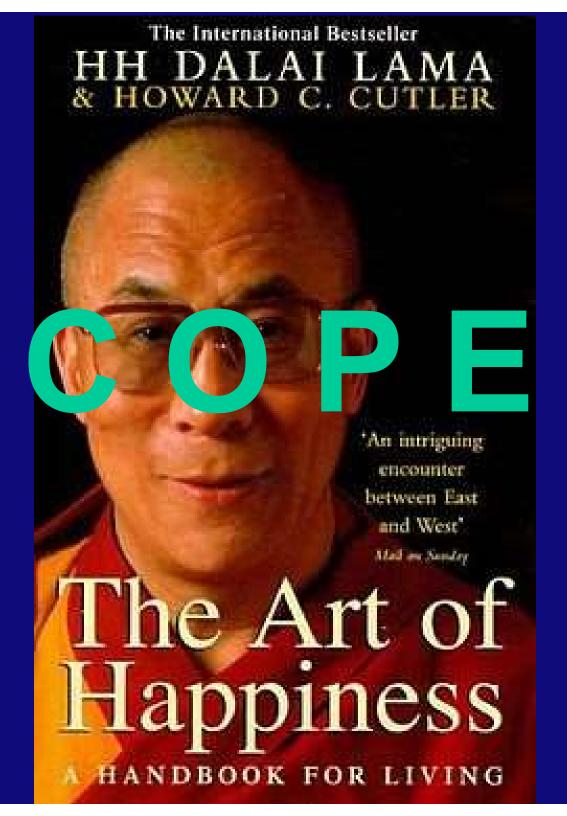
Contribute (1)

 Padding your bank account is not contributing; lottery winners are not happy

- Those who value financial success derive less contentment; however, saving rather than spending increases happiness
- Spending money on yourself increases pleasure and makes you a consumer; spending money on others makes you an individual and increases happiness

Contribute (2)

- Can you derive happiness from your work?
 Only if:
 - you can see your work helping others; and
 - your boss can see it too
- Altruism, volunteerism, philanthropy —
 anything that contributes to "the greater good" —
 all generate serotonin and emotional well-being



Cope (1)

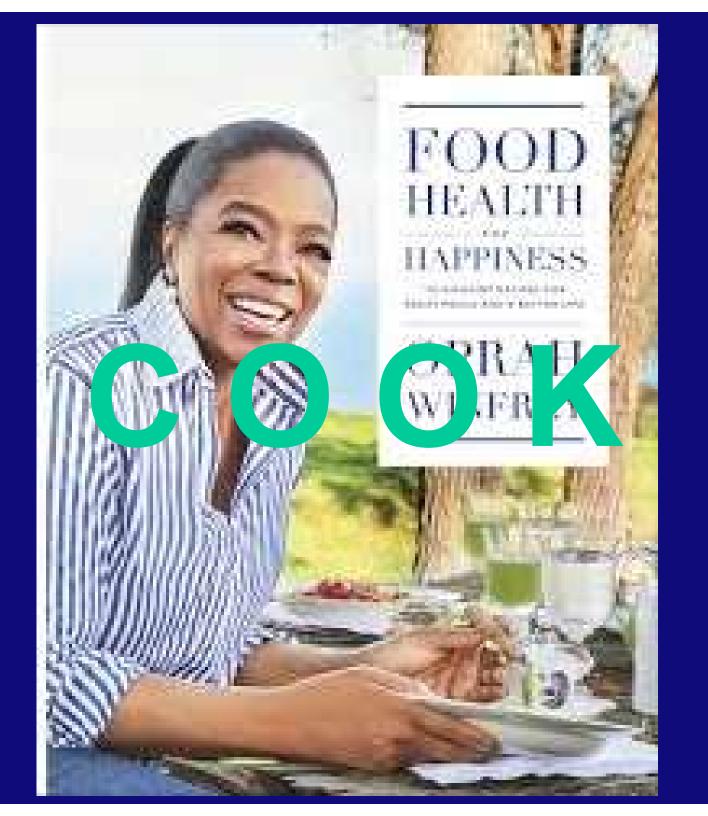
- Sleep deprivation increases amygdala (fear) and cortisol output, and inhibits prefrontal cortex function
 - 35% of adults get less than 7 hours of sleep
 - 23% suffer from clinical insomnia
 - Some of those have obstructive sleep apnea
 - Caffeine reduces sleep; increases your dopamine
- Multitasking is "smoke and mirrors" only 2.5% of the population can do it; drives up cortisol in the rest

Cope (2)

- Screens are the antithesis of sleep
 - Stress, blue light activating the midbrain
 - Kids who charge their cellphone in their room get 28 minutes less sleep per night
 - Smartphone apps for wellness do not yet show benefit

- Mindfulness activates the prefrontal cortex, and increases connectivity in "empathy" brain regions
 - Improves metabolic health, alleviates depression

- Exercise as good as SSRI's in alleviating depression
 - additive with mindfulness



Cook (1)

Reward-eating drive can be blocked by opiate antagonists

- Processed food is:
 - Low tryptophan (precursor to serotonin)
 - Low omega-3 fatty acids (anti-inflammatory, stabilize neuronal membranes, increases contentment)
 - High sugar (addiction, metabolic syndrome)
 - Low fiber (prevents metabolic syndrome)
- One-third of Americans do not know how to cook
 - Hostage to the processed food industry for life

Cook (2)

The REAL FOOD movement is in high gear

 Companies who don't change will be left in the dust (unless they buy up and kill the start-ups)

 Nestle, Unilever, Mars, and Danone have signed a public letter committing to change

Cooking is connecting; contributing; and coping

Saturday July 1, 2023, 9:10AM

QEII Centre

The True Purpose of Nutrition

(spoiler alert: it's METABOLIC HEALTH)