

Loss of 'Complexity' and Aging

Potential Applications of Fractals and Chaos Theory to Senescence

Lewis A. Lipsitz, MD, Ary L. Goldberger, MD

The concept of "complexity," derived from the field of nonlinear dynamics, can be adapted to measure the output of physiologic processes that generate highly variable fluctuations resembling "chaos." We review data suggesting that physiologic aging is associated with a generalized loss of such complexity in the dynamics of healthy organ system function and hypothesize that such loss of complexity leads to an impaired ability to adapt to physiologic stress. This hypothesis is supported by observations showing an age-related loss of complex variability in multiple physiologic processes including cardiovascular control, pulsatile hormone release, and electroencephalographic potentials. If further research supports this hypothesis, measures of complexity based on chaos theory and the related geometric concept of fractals may provide new ways to monitor senescence and test the efficacy of specific interventions to modify the age-related decline in adaptive capacity.

(JAMA. 1992;267:1806-1809)

HEALTHY physiologic function is characterized by a complex interaction of multiple control mechanisms that enable an individual to adapt to the exigencies and unpredictable changes of everyday life. The aging process appears to be marked by a progressive impairment in these mechanisms, resulting in a loss of dynamic range in physiologic function and, consequently, a reduced capacity to adapt to stress.

A key question is how to quantitate physiologic aging. Previous investigations have focused primarily on age-related declines in the mean value of discrete physiologic variables such as creatinine clearance,¹ forced expiratory volume,² nerve conduction velocity,³ and insulin sensitivity.⁴ However, the wide interindividual variance of such mea-

sures with increasing age, as well as their dependence on factors such as genetic background, diet, and activity,⁵ severely limits their utility as universal markers of aging. Furthermore, the evaluation of only mean changes in a given variable over time (or in response to a stimulus) ignores the dynamic nature of physiologic processes (Fig 1).⁶

This article briefly reviews the concepts of fractals and chaos derived from the field of nonlinear dynamics and suggests how these concepts might provide a new framework for understanding, quantitating, and eventually modeling physiologic aging. Since the basic science discipline of nonlinear dynamics has only recently been applied to medicine and physiology,⁷⁻¹¹ much of the work in this area is necessarily preliminary.

NONLINEAR DYNAMICS, FRACTALS, AND CHAOS

As implied by its name, nonlinear dynamics studies systems, such as those in physiology, in which output is not proportional to input. Two central concepts

in nonlinear dynamics are fractals and chaos.

The term *fractal* is a structural (geometric) concept that applies to a wide class of complex shapes that are not simply lines, rectangles, or cubes.⁷⁻¹² Instead, fractals are irregular, but their irregularity has an underlying pattern. The key feature of this fractal pattern is called self-similarity. The more closely a fractal object is inspected the more structure is revealed. Furthermore, the details seen under magnification resemble the outline of a larger structure (Fig 2).¹⁰ Of physiologic interest is the fractal-like (self-similar) branching architecture of many anatomies, including certain nerve networks, His-Purkinje fibers, gastrointestinal folds, and vascular systems.^{8,13}

The term *chaos* describes an apparently unpredictable behavior that may arise from the internal feedback loops of certain nonlinear systems.⁷⁻¹² Just as a fractal does not have a characteristic or single scale of length, a chaotic process generates complex fluctuations that do not have a single or characteristic scale of time. Instead, chaos produces a "noisy-looking" signal that varies in an erratic and unpredictable fashion. A counterintuitive finding has been that chaotic-like behavior characterizes the output of a number of different physiologic systems that have until now been thought of as being relatively periodic.¹² For example, Fig 1 shows that the normal sinus rhythm heartbeat in a healthy young subject at rest is not strictly regular but instead shows a complex type of variability ("constrained randomness") reminiscent of chaos.^{9,12} One way of defining the complexity of a process, such as phys-

From the Gerontology (Dr Lipsitz) and Cardiovascular (Dr Goldberger) Divisions, Department of Medicine, Beth Israel Hospital; the Hebrew Rehabilitation Center for Aged Research and Training Institute (Dr Lipsitz); and the Division on Aging, Harvard Medical School (Dr Lipsitz), Boston, Mass.

Reprint requests to Hebrew Rehabilitation Center for Aged, 1200 Centre St, Boston, MA 02131 (Dr Lipsitz).

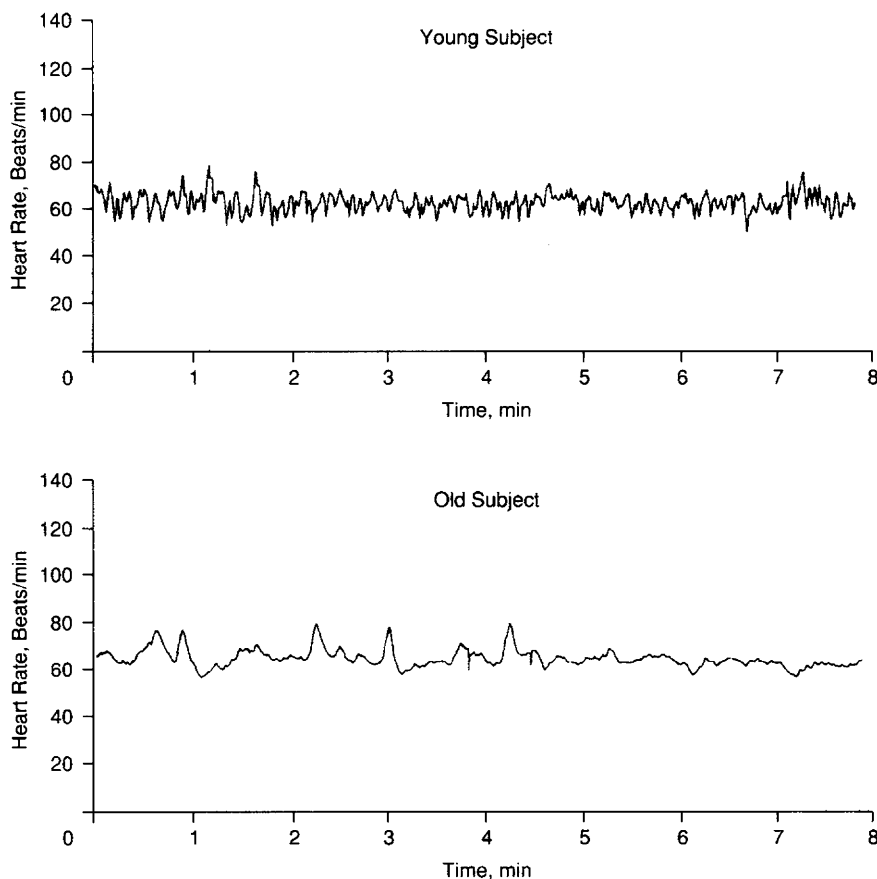


Fig 1.—Heart rate time series for a 22-year-old female subject (top panel) and a 73-year-old male subject (bottom panel). The mean heart beats per minute for the young subject was 64.7; SD, 3.9; and approximate entropy, 1.09. The mean heart beats per minute for the old subject was 64.5; SD, 3.8; and approximate entropy, 0.48. Approximate entropy is a measure of "nonlinear complexity."¹⁶ Despite the nearly identical means and SDs of heart rate for the two time series, the "complexity" of the signal from the older subject is markedly reduced.

ologic control of heart rate, is the extent to which that process generates aperiodic fluctuations that resemble nonlinear chaos.

HOW CAN THE COMPLEXITY OF NONLINEAR STRUCTURES AND PROCESSES BE MEASURED?

In view of observations that many anatomic structures have a complex fractal-like morphology and that physiologic processes show complex variability, it is important to have measures that adequately capture these nonlinear features. Conventional measurements such as length, area, and volume (with integer dimensions of one, two, and three, respectively) are not sufficient to characterize fractal structures. Fractal objects have noninteger dimensions because they show structure on multiple scales of length. Fractal structure can be quantitated by computing a so-called fractal dimension.¹⁰ This measurement provides an index of how much space a

particular object fills. Intuitively, a relatively sparse branching structure would appear to have a lower fractal dimension than that of a more complex, "bushier" object.

Just as fractal structures cannot be characterized with conventional geometric measurements, complex, chaotic-like behavior cannot be adequately measured with statistics based simply on mean and variance. As shown in Fig 1, it is possible for two processes to have outputs with nearly identical means and variances but very different dynamics. A number of techniques have been devised that do allow physiologists and clinicians to measure the complexity of biologic signals, independent of their mean and variance.^{14,15}

One traditional approach is to measure the frequency components of a signal using standard Fourier analysis, which decomposes the signal into its constituent frequencies.^{16,17} If the output is perfectly periodic (ie, a sine wave), it

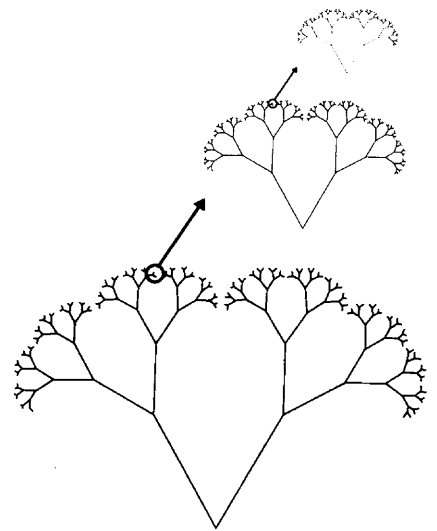


Fig 2.—An example of a computer-generated fractal structure, illustrating self-similarity on multiple scales (adapted from West and Goldberger¹⁰).

will have only one frequency component. For chaotic processes, the frequency spectrum is quite broad, comprising a wide range of low-through-high frequencies. In general, more complex signals have a broader frequency pattern. Conversely, loss of complexity is usually accompanied by a narrowing of the frequency spectrum. (Compare a pure-tone generator and a symphony orchestra.) Typically, for physiologic processes, the loss of complexity is also characterized by relative reduction in the high-frequency components and corresponding increase in the relative contribution of lower-frequency components.^{9,17} An example is the selective loss of high-frequency auditory responsiveness with aging (presbycusis).¹⁸

However, spectral analysis, a technique based on linear mathematics, is of limited value in assessing the complexity of nonlinear systems. Other, more direct measures of complexity have been recently devised based on concepts from chaos theory.^{6,14,15,19,20} One method of measuring the complexity of a process uses the concept of the dimension of a nonlinear system. For complex systems, the dimension is related to the number of dynamic variables required to reproduce the output of that system. The higher the dimension, the greater the number of variables and the more complex the signal. A strictly periodic process has a dimension of one (ie, only one variable is required).

Another way to measure complexity is to calculate the so-called entropy of the system.^{6,19} (The conceptual approach

to senescence described herein differs fundamentally from the intuitive view that aging increases the degree of disorder or thermodynamic entropy.^{21,22}) Nonlinear entropy (a concept only indirectly related to classical thermodynamic entropy) is a measure of the amount of information needed to predict the future state of the system. The more complex the dynamics are, the larger the entropy and the less predictable the system. Recently, techniques have been devised that allow approximations of nonlinear dimension and entropy to be performed on relatively short-term samples of data, comprising, for example, only 1000 points^{6,19} (Fig 1). These measurements permit comparison of data sets from different individuals, as well as examination of the effects of various interventions on the complexity of a dynamic system.²⁰

AGING AND LOSS OF COMPLEXITY

We propose that aging can be defined by a progressive loss of complexity in the dynamics of all physiologic systems. This loss of complexity in physiologic function may be due mechanistically to (1) a loss or impairment of functional components, and/or (2) altered nonlinear coupling between these components. For example, the age-related decline in heart rate variability discussed below is likely due to dropout of sinus node cells,²³ altered β -adrenoceptor responsiveness,²³ and an apparent reduction in parasympathetic tone.¹⁷ Together, these structural and functional changes reduce the complexity of physiologic heart rate control, impairing the aged individual's ability to adapt to stresses such as hypotension.²⁴

This hypothesis relating aging to loss of complexity suggests new ways to monitor the physiologic aging process based on measurements such as nonlinear entropy described above, and to test the efficacy of specific interventions (eg, exercise or pharmacologic agents) that may modify the age-related decline in adaptive capacity. Furthermore, physiologic models designed to simulate the aging process should account for loss of complexity in the dynamics or structure of the system being studied.

Neuroendocrine Function

Normal brain function produces apparently chaotic electroencephalographic (EEG) fluctuations with changes related to the state of consciousness.²⁵ The EEG frequencies of aging subjects show a loss of low-voltage fast waves and an increase in slow waves with diffuse slow periodicity.²⁶ Furthermore, the latency, amplitude, and range of EEG frequencies elicited in response to light,

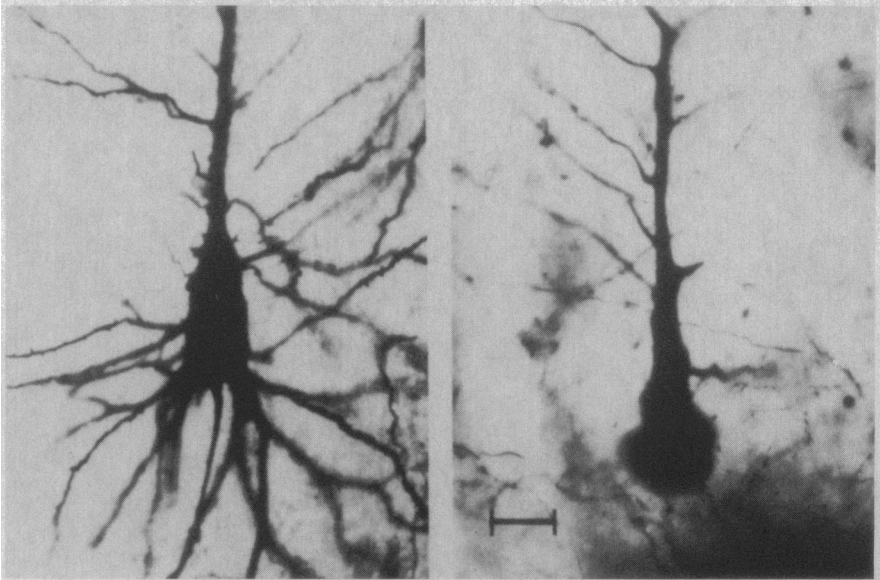


Fig 3.—Age-related loss of fractal structure in the dendritic arbor of the giant pyramidal Betz cell of the motor cortex. Left, The complex, branching, fractal-like architecture of the dendritic arbor in a young adult man. Right, suggestion of the loss of “complexity” (fractal dimensionality) in the structure of the dendritic arbor in a 65-year-old man (reprinted with permission from WB Saunders Co²⁸).

Examples of Decreased Structural (Anatomic) and Functional (Physiologic) ‘Complexity’ in Advanced Age

	Measure of Complexity	Age Effect
Anatomic structures		
Neuronal dendrites ²⁸	Branching arbor	Dendrite loss and reduced branching
Bone trabeculae ⁴²	Meshwork	Trabecular loss, disconnection
Physiologic systems		
Heart rate variability ^{16,20}	Dimension, entropy	Decrease
Blood pressure variability ²⁰	Dimension, entropy	Decrease
Pulsatile thyrotropin release ³³	SD of interpulse interval	Decrease
Electroencephalographic evoked potentials ²⁷	Range of frequencies evoked	Decrease
Auditory ¹⁷	Range of audible frequencies	High-frequency loss

sound, hyperventilation, and other sensory stimuli decline with age in animals and humans.²⁷ This loss of dynamic range has been attributed to a decrease in neuron number, impaired cerebral energy metabolism, reduced cerebral perfusion, altered transmitter metabolism, and disrupted internal connections.²⁷ With aging, the branching pattern of Betz cells in the frontal cortex, spiny cells in the caudate, and anterior horn cells in the spinal cord becomes less complex (Fig 3).²⁸ Although actual measurements of fractal dimensions of anatomic structures have been reported recently,^{15,29,30} changes with age have not yet been quantitated.

A loss of complexity in the regulation of anterior pituitary hormone secretion is also apparent in aging humans. Pulsatile release of growth hormone,³¹ luteinizing hormone,³² and thyrotropin³³ is attenuated with healthy aging. The SD of the mean interval between thyrotropin pulses is smaller in healthy elderly subjects compared with healthy

young ones,³³ suggesting a less complex pattern of hormonal secretion. This finding reflects a narrowing of regulatory control of thyrotropin secretion, probably due in part to alterations in dopaminergic modulation of pulsatile thyroid-stimulating hormone release.³³

Cardiovascular Function

Studies of heart rate variability using traditional methods such as the ratio of expiratory to inspiratory R-R intervals,^{34,36} as well as spectral analysis,^{17,37,38} consistently demonstrate a decline in heart rate variability with aging. Of note, a decline in heart rate variability is a marker of increased susceptibility to sudden death^{39,40} and mortality following myocardial infarction.⁴¹ Using the measurements of nonlinear entropy and dimension described above, we have also shown a reduction in the complexity of heart rate and blood pressure variability in healthy elderly subjects compared with healthy young subjects.²⁰

Data for a number of different ana-

tomic structures and physiologic systems consistent with the hypothesized loss of complexity with aging are summarized in the Table.^{16,17,20,27,28,42}

FUTURE DIRECTIONS

If these new dynamic measures of physiologic complexity are useful in quantitating the effects of normal aging, various interventions may be tested for their efficacy in preventing disease or modifying its progression. For example, measurements of the complexity of EEG responses to cognitive tasks in healthy aging and dementia may prove useful in distinguishing these conditions and in testing the effect of specific drugs on cognitive function or behavior. If the complexity of heart rate and blood pressure dynamics serve as biomarkers of cardiovascular aging, the effects of exercise or nutrition on cardiovascular se-

nescence can be more readily quantitated. Measurement of the degree to which an individual's adaptive capacity is reduced by aging or disease may also prove useful in predicting adverse effects of drugs, surgery, or other stressors. The loss of physiologic complexity in cardiac interbeat interval variability in sinus rhythm may have value in identifying syncope patients at risk of sudden death, determining the seriousness of intermittent cardiac arrhythmias, predicting mortality following myocardial infarction, and assessing the severity of congestive heart failure.^{39-41,43}

CONCLUSION

Measures of complexity derived from the field of nonlinear dynamics (fractals and chaos theory) may help assess age-related anatomic and physiologic changes and possibly predict pathology.

We hypothesize that physiologic aging is characterized by a generalized loss of complexity in the dynamics of healthy organ system function. This dynamical concept of aging is intended to stimulate further analyses of continuously recorded time series (Fig 1) as well as the construction of nonlinear models of basic mechanisms.

This study was supported by a Teaching Nursing Home Award (AG04390) and a Claude Pepper Geriatric Research and Training Center Grant (AG08812) from the National Institute on Aging; and by awards from the National Heart, Lung, and Blood Institute (RO1-HL-42172), the National Aeronautics and Space Administration (NAG2-5 14), the G. Harold and Leila Y. Mathers Charitable Foundation, and Colin Electronics Ltd. Dr Lipsitz is recipient of the Irving and Edyth S. Usen and Family Chair in Geriatric Medicine at the Hebrew Rehabilitation Center for Aged.

The authors are grateful to David Rigney, PhD, for his helpful comments, and Paula Anderson for manuscript preparation.

References

- Rowe JW, Andres R, Tobin JD, Norris AH, Shock NW. The effect of age on creatinine clearance in men: a cross-sectional and longitudinal study. *J Gerontol*. 1976;31:155-163.
- Tobin JD. Physiological indices of aging. In: Danon D, Shock NW, Marois M, eds. *Aging: A Challenge to Science and Society: Biology*. New York, NY: Oxford University Press; 1981.
- Munsat TL. Aging of the neuromuscular system. In: Albert ML, ed. *Clinical Neurology of Aging*. New York, NY: Oxford University Press; 1984:416.
- Davidson MB. The effect of aging on carbohydrate metabolism: a review of the English literature and a practical approach to the diagnosis of diabetes mellitus in the elderly. *Metab Clin Exp*. 1979;28:688-705.
- Rowe JW, Kahn RL. Human aging: usual and successful. *Science*. 1987;237:143-149.
- Pincus SM. Approximate entropy as a measure of system complexity. *Proc Natl Acad Sci U S A*. 1991;88:2297-2301.
- Mandelbrot BB. *The Fractal Geometry of Nature*. New York, NY: WH Freeman and Company; 1982.
- Goldberger AL, Rigney DR, West BJ. Chaos and fractals in human physiology. *Sci Am*. 1990;262:42-49.
- Goldberger AL, West BJ. Applications of nonlinear dynamics to clinical cardiology. *Ann N Y Acad Sci*. 1987;504:195-213.
- West BJ, Goldberger AL. Physiology in fractal dimensions. *Am Scientist*. 1987;75:354-365.
- Fractals and medicine. *Lancet*. 1991;338:1425-1426. Editorial.
- Goldberger AL. Is the normal heartbeat chaotic or homeostatic? *NIPS*. 1991;6:87-91.
- Abboud S, Berenfeld O, Sadeh D. Simulation of high-resolution QRS complex using a ventricular model with a fractal conduction system: effects of ischemia on high-frequency QRS potentials. *Circ Res*. 1991;68:1751-1760.
- Paulus MP, Geyer MA, Gold LH, Mandell AJ. Application of entropy measures derived from the ergodic theory of dynamical systems to rat locomotor behavior. *Proc Natl Acad Sci U S A*. 1990;87:723-727.
- Glenny RW, Robertson HT, Yamashiro S, Bassingthwaite JB. Applications of fractal analysis to physiology. *J Appl Physiol*. 1991;70:2351-2367.
- DeBoer RW, Karemaker JM, and Strackee J. Comparing spectra of a series of point events particularly for heart rate variability data. *IEEE Trans Biomed Eng*. 1984;31:384-387.
- Lipsitz LA, Mietus J, Moody GB, Goldberger AL. Spectral characteristics of heart rate variability before and during postural tilt: relations to aging and risk of syncope. *Circulation*. 1990;81:1803-1810.
- Mader S. Hearing impairment in elderly persons. *J Am Geriatr Soc*. 1984;32:548-553.
- Pincus SM, Gladstone IM, Ehrenkranz RA. A regularity statistic for medical data analysis. *J Clin Monit*. 1991;7:335-345.
- Kaplan DT, Furman MI, Pincus SM, Ryan SM, Lipsitz LA, Goldberger AL. Aging and the complexity of cardiovascular dynamics. *Biophys J*. 1991;59:945-949.
- Calloway NO. The role of entropy in biologic senescence. *J Am Geriatr Soc*. 1966;14:342-349.
- Samaras TT. The law of entropy and the aging process. *Hum Dev*. 1974;17:314-320.
- Wei JY, Gersh BJ. Heart disease in the elderly. *Curr Probl Cardiol*. 1987;12:7-65.
- Lipsitz LA. Altered blood pressure homeostasis in advanced age: clinical and research implications. *J Gerontol*. 1989;44:M179-M183.
- Rapp FE, Bashore TR, Zimmerman ID, Martinierie JM, Albano AM, Mees AI. Dynamical characterization of brain electrical activity. In: Krasner S, ed. *The Ubiquity of Chaos*. Washington, DC: American Association for the Advancement of Science; 1990:10-22.
- Mandell AJ, Shlesinger MF. Lost choices, parallelism and topological entropy decrements in neurobiological aging. In: Krasner S, ed. *The Ubiquity of Chaos*. Washington, DC: American Association for the Advancement of Science; 1990:35-46.
- Frolkis VV, Bezrukov VV. Aging of the central nervous system. *Interdisciplinary Top Gerontol*. 1979;16:87-89.
- Scheibel AB. Falls, motor dysfunction, and correlative neurohistologic changes in the elderly. *Clin Geriatr Med*. 1985;1:671-676.
- Caserta F, Stanley HE, Eldred WD, Daccord G, Hausman RE, Nittmann J. Physical mechanisms underlying neurite growth: a quantitative analysis of neuronal shape. *Phys Rev Lett*. 1990;64:95-98.
- Smith TG Jr, Marks WB, Lange GD, Sheriff WH Jr, Neale EA. A fractal analysis of cell images. *J Neurosci Methods*. 1989;27:173-180.
- Ho KY, Evans WS, Blizzard RM, et al. Effects of sex and age on the 24-hour profile of growth hormone secretion in man: importance of endogenous estradiol concentrations. *J Clin Endocrinol Metab*. 1987;64:51-58.
- Urban RJ, Velduis JD, Blizzard RM, Dufau ML. Attenuated release of biologically active luteinizing hormone in healthy aging men. *J Clin Invest*. 1988;81:1020-1029.
- Greenspan SL, Klibanski A, Rowe JW, Elahi D. Age-related alterations in pulsatile secretion of TSH: role of dopaminergic regulation. *Am J Physiol*. 1991;260:E486-E491.
- Hellman JB, Stacy RW. Variation of respiratory sinus arrhythmia with age. *J Appl Physiol*. 1976;41:734-738.
- Smith SA. Reduced sinus arrhythmia in diabetic autonomic neuropathy: diagnostic value of an age-related normal range. *BMJ*. 1982;285:1599-1601.
- Maddens M, Lipsitz LA, Wei JY, Pluchino FC, Mark R. Impaired heart rate responses to cough and deep breathing in elderly patients with unexplained syncope. *Am J Cardiol*. 1987;60:1368-1372.
- Jarisch WR, Ferguson JJ, Shannon RP, Wei JY, Goldberger AL. Age-related disappearance of Mayer-like heart rate waves. *Experientia*. 1987;43:1207-1209.
- Simpson DM, Wicks R. Spectral analysis of heart rate indicates reduced baroreceptor-related heart rate variability in elderly persons. *J Gerontol*. 1988;43:M21-M24.
- Goldberger AL, Rigney DR. Sudden death is not chaos. In: Krasner S, ed. *The Ubiquity of Chaos*. Washington, DC: American Association for the Advancement of Science; 1990:23-34.
- Goldberger AL, Rigney DR, Mietus J, Antman EM, Greenwald S. Nonlinear dynamics in sudden cardiac death syndrome: heart rate oscillations and bifurcations. *Experientia*. 1988;44:983-987.
- Kleiger RE, Miller JP, Bigger JT Jr, Moss AJ, Multicenter Post-Infarction Research Group. Decreased heart rate variability and its association with increased mortality after acute myocardial infarction. *Am J Cardiol*. 1987;59:256-262.
- Mosekilde LI. Age-related changes in vertebral trabecular bone architecture: assessed by a new method. *Bone*. 1988;9:247-250.
- Skinner JE, Carpegiani C, Landisman CE, Fulton KW. Correlation dimension of heartbeat intervals is reduced in conscious pigs by myocardial ischemia. *Circ Res*. 1991;68:966-976.