

# Longevity: Three Rheumatology Aspects

By Philip A. Baer, MDCM, FRCPC, FACR

“The quality, not the longevity, of one's life is what is important.” – *Martin Luther King, Jr.*

“Live long and prosper.” – *Spock, Star Trek*

“May you live to be 120.” – *Traditional Jewish blessing*

Longevity, healthspan, “blue zones” (places where many centenarians are found) and biohacks are having their moment on both traditional and social media. These are not entirely new concepts. My interest was piqued by three connections to rheumatology I discovered as I explored the subject.

Dr. James Fries, a pioneering rheumatologist at Stanford, is remembered for creating the ARAMIS (Arthritis, Rheumatism and Aging Medical Information System) database funded in 1975 by the National Institute of Health (NIH). He also developed the original Health Assessment Questionnaire (HAQ), which we all use in our clinics in modified format to this day. His 1980 *New England Journal of Medicine (NEJM)* article<sup>1</sup> and 1982 keynote address to the Institute of Medicine<sup>2</sup> discussed the plasticity of aging, natural death, senescence and the concept of “the compression of morbidity,” with the aim to improve healthspan more so than lifespan. He theorized that healthy behaviours—exercising, eating well, quitting smoking, getting regular medical checkups and receiving early treatment—could shift an individual's health trajectory from poor health and chronic disease for many years to good health until close to the end.<sup>3</sup>

Practicing healthy behaviours is all well and good, but it is human nature to look for shortcuts. Unfortunately, as I learned from attending a lecture given by Dr. Coleen Murphy recently, and by reading her book *How We Age: The Science of Longevity*, there really are no shortcuts. However, there is no shortage of those who have other ideas. I was gifted a book called *Outlive: The Science and Art of Longevity* by Dr. Peter Attia, a longevity guru recently disgraced by his appearance in the Epstein files. I liked the advice on exercise and emotional health, but I don't plan to start taking metformin or rapamycin for their potential longevity benefits.

Meanwhile, Dr. Michael Roizen, the Chief Wellness Officer at the Cleveland Clinic and former Chief Medical Consultant on The Dr. Oz Show, wrote *The Great Age Reboot* on this topic. He has now partnered with others

to launch Lifespan Edge, with clinics offering Therapeutic Plasma Exchange (TPE), indicated as “a breakthrough longevity therapy that filters harmful molecules from your bloodstream—like inflammatory proteins, antibodies, and toxins—and replaces your plasma with a clean, sterile solution. Think of it as a “system refresh” at the cellular level.”<sup>4</sup>

I will leave TPE to the tech billionaires, as well as stem cell injections, but the firehose of information continues to gush.

In December 2025, I attended a Zoom lecture presented by the Royal College of Physicians and Surgeons of Canada, featuring their 2025 Professor-in-Residence, Dr. Bertalan Mesko. He is known as The Medical Futurist, and is a physician based in Budapest specializing in artificial intelligence (AI) and digital health technologies. His lecture was one of the best I have ever attended on the topic. I then started following him on LinkedIn, where I came across his post “Inside the World's Most Comprehensive Longevity Package.”<sup>5</sup> The CEO of a company called Medi-Predict reached out to offer Dr. Mesko their full longevity and health prevention package, normally costing 20,000 Euros. He could not resist. The company offers a “broad portfolio of services, including full genome sequencing, microbiome metagenomics, metabolomics, extensive laboratory parameters and imaging diagnostics.” What did that entail over a month of testing? All of the following, plus four consultations to review the results:

Full genome sequencing (with special analyses such as cancer or cardiovascular diseases, based on family history), blood tests (over 300 markers, from hormones and vitamins to tumour markers and blood glucose tolerance test), microbiome testing, abdominal ultrasound, body composition analysis (DEXA), coronary computed tomography (CT) angiography, cranial magnetic resonance (MR) angiography, osteodensitometry, whole-body magnetic resonance imaging (MRI), ambulatory

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blood pressure monitoring, cardio electrocardiography (ECG) patch, exercise tolerance test, biological age test from blood, resting and exercise ECG, sleep test, diet diary, spirometry, continuous glucose monitoring, semen analysis, physical examinations (Dermatology, Ear, Nose and Throat (ENT), Gastroenterology, Internal Medicine, Neurology, Ophthalmology, Urology), gastro- and colonoscopy, and a toxin test! This required up to four tests/day, and was not only physically but emotionally taxing, particularly regarding what Dr. Mesko labelled FOFO (the fear of finding out, if the results were cause for concern).

What were the results? Some genetic variants of possible significance turned up, and positive rheumatoid factor and anti-dsDNA tests, likely of no significance in a healthy asymptomatic 41-year-old male. When you order this many tests in someone with low pre-test probability of a rheumatic disease, some will be positive, as every rheumatologist knows. The dietary advice after all this testing: “reduce overall fat consumption and slightly lower carbohydrates, with sustained attention to protein quality rather than quantity, limit deep-fried foods, excessive fat, rapid or high-volume alcohol intake, large single-dose protein loads, and heavily processed meats. Fibre intake and hydration were highlighted as areas to maintain or increase.” I could have provided that common-sense advice without any expensive testing.

### What were some of Dr. Mesko’s conclusions?

- 1) Longevity requires a LOT of effort, time, privacy, and money.
- 2) Dealing with longevity comes with a LOT of health anxiety.
- 3) The burden of noise (incidental findings) in the data is an issue.
- 4) Lifestyle is still the strongest longevity intervention. Despite all this high-tech testing, the most impactful actions remain movement/exercise, nutrition, sleep, stress management, social connectedness and avoiding harmful exposures.

An editorial in the *British Medical Journal (BMJ)* Christmas 2025 issue on the science of longevity medicine

reinforced the same ideas. “Despite the hype around emerging longevity therapies, the strongest evidence for extending healthspan remains in structured lifestyle medicine interventions . . . Lifestyle medicine covers factors such as diet, sleep, exercise, social connection, relaxation, and avoidance of harmful habits . . . Overemphasis on speculative interventions risks distraction from robust evidence-based lifestyle measures. Sustainable changes in diet, activity, sleep and social connection consistently outperform pharmacological alternatives.”<sup>6</sup>

Can you access longevity medicine clinics with a rheumatology twist in Canada? Yes, you can. Two Ontario rheumatologists, Dr. Saeed Shaikh and Dr. Derek Haaland, have opened the Precision Longevity Medical Clinic in St. Catharines, Ontario.<sup>7</sup> The promise: “Through our deep screening, extensive datasets, and personalized holistic action plans, optimize your healthspan and unlock your longevity potential.” The catchphrases are now familiar to me, and the testing ranges from a fibroscan to whole body MRI, full genome DNA analysis and liquid biopsy multi-cancer early detection blood tests. Longevity pharmaceuticals are apparently available depending on the level of longevity programming selected. It all sounds very interesting. Let me know if you try it. I can assure you that you won’t be meeting me in the clinic’s waiting room.

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