Self-Directed Aging Intervention Research
Small Study Format
Johnny Adams
www.AgingIntervention.org
JAdams@AgingInterventionFoundation.org
(949) 922-9786
www.AgingIntervention.org/1_SmallStudyFormat.pdf

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Friendly disclaimer: These are ideas that I use in my own self-directed age management program. It's not my intention to provide specific medical advice but rather to provide others with information to better understand their health. This is not medical advice including diagnosis and treatment. Always seek the advice of a trained health professional for medical advice, diagnosis or treatment.

A) As a Self-Directed Aging Intervention Researcher
I use what you would call a **Fast Track Proof of Concept Trial, or pilot/beta/small study format in humans**
Conducted individually or by a small group of associates, as opposed to a large clinical trial.

Keywords: practical, ethical, small, informal, fast track, cautious and low risk with high potential for increasing healthy years

N=1 can render valuable information under the right conditions –
especially if the N = you.
Everyone's different, and different people experience a wide range of responses to different therapies.
What works in one person may not work in another – and another may experience a negative effect.
Personalized dosing can be important. Combinations are important.

Uses aging biomarkers and biological/health outcome measures for
- Safety (such as liver, kidney, blood, lipids)
- Efficacy

MD monitored/supervision
Investigational Review Board (IRB) optional

Vital concepts: safety, reducing risk, informed consent and do no harm
Forward thinking, even bold – but not reckless
Bottom line: aging is 100% terminal

Be aware of potential negative consequences of self-diagnosis and independent action.
First do no harm -- be as sure as possible that no harm will come from it. Also remember hardly anything – like driving to your doctor's -- is completely risk-free,
but aging is 100% terminal.

What to call it:
Self Directed Aging Intervention Researchers
Aging Solutions, Healthspan, Longevity "Fast Trackers"
Innovators, visionaries, early adopters, explorers, creators, adventurers, pioneers, citizen-scientists, DIY biohackers
"pioneers" is good, but for some it immediately calls up the worn cliché about "burning wagons" and "arrows in their bodies".

I like "Self selected lab rats"

You Can't Manage What You Don't Measure
MEASURING RESULTS with biomarkers and other measures is key.
Measure indicators of any harm that may be done.
If you are testing a compound that has had a positive effect in animal studies, measure for those effects in the humans.

Don't scrimp on lab work.

Start with the basics
Since we do this to increase healthspan and lifespan, start with the foundation of great nutrition with reduced calories, exercise, stress reduction including meditation, positive thinking, compassion, forgiveness, and grounding in the present with a vision for the future.
Moderate and appropriate amounts of well-designed nutritional supplements, adequate sleep, adequate amounts of water (maybe filtered or alkaline – figuring this out now), reduce risks, dental care, reduce toxicity, personal safety, sexuality, spirituality.

Dose intervals, and skipping intervals can be important depending on the therapy.
Look to expert input and use your best judgment.
We're on a frontier here.

If you are doing doses at different intervals, keep in mind the time after the therapy for it to become effective, and how long it maintains / point at which the effect declines. You will probably only know that by your biomarkers and other objective measures.

Feedback Inhibition
Homeostasis is where a body's mechanisms go into action to achieve a stable, often preset state.

When augmenting a substance (often "natural"), you may get a boost in biological measures, and feel great -- at first. You may even want to write a glowing testimonial about the product that's causing it. Then homeostasis begins and the body may compensate by reducing its own production, seeking to achieve the previously set level.
Eventually the body can become dependent, so if the external source is stopped you are now deficient, and dependent on the external source -- very possibly with feelings like weakness, illness, emotional upset or depression, and other really bad things because you're now deficient. It takes a long time to get back to where you originally were – if ever.

A classic example of this is testosterone and other hormones.

If you wrote a testimonial about a product, try to get it removed and the current story about it posted.

Seeking perfection in an imperfect world

We're not lab rats living in a controlled environment. As much as we may seek the ideal, sometimes it's not. So I do what successful businesspeople, doctors, and others do – the best possible decisions based on often incomplete information, or dealing with the uncertainties that life throws at you.
(I'll update this later)

Multiple therapies can have synergistic, or multiplicative, or negative effects.

Personalization, Dosing and Combinations

Different people can experience a wide range of responses to different therapies.
What works in one person may not work in another – and another may experience a negative effect.
And personalized dosing can be important.

Re combinations – it's good to effect multiple aging systems. Sometime therapies with the intended effect or target that don't work individually will work when combined -- or will work better when combined.
And it would probably be desirable to combine different therapies with different effects or targets on aging systems.
Dosing becomes even more important, as sometimes therapies that worked well with no side effects, will now result in side effects. For example, they may compete for the same clearance pathways resulting, in effect, to something like overdoses.

To be determined – the order or therapies

Example recently discussed and being researched -- first senolytics THEN stem cell therapy.
Details soon.

Doing research during the holidays (November and December), and vacation months of July and August

Mistakes happen a lot more during the holidays and typical vacation months.
Lab work may be time sensitive. Many customer support and lab staff were out for the holidays. Or the A-team, and B-team are out and this results in disorganization and samples being stored longer than usual – and greatly increases the potential for mistakes, especially errors in lab values.

Shipments get lost or delayed – that's a big problem if it's on dry ice.

In Dec. 2017 I sent two blood samples to a lab. One of them either arrived there damaged or was damaged by the lab. Also around the same time a delivery driver missed my sample delivery on his route, which was frozen. Fortunately I had a great relationship with this lab and they called me. Most don't.
I had to waste time and call the UPS supervisor and demand the driver backtrack to the lab and deliver it – otherwise I would have to drive to the main facility myself, pick it up and take it over to the lab. It was delivered later that day.

My preferred shipper is FedEx. This seems to be the case with other major labs.

And since we're humans many of us partake in holiday indulgences, which is outside our normal routine and could make a difference. If we have a therapy and lab work during that time, I suppose it's best to continue the same eating and lifestyle habits until all followup lab and biomarker work is complete. Counterproductive, and is that condition the norm in which to test a therapy?

And how will flu season affect your experiment? Will you get the flu just at the time of an important followup measurement?

At a major academic conference on aging a researcher at a university described the same kind of problem. The lab shut down completely for weeks during the holidays. They were unaware of this when they began working with them, and it resulted in serious problems.

In future it will be extremely unlikely that I will test an important therapy during the holiday months of Nov. and Dec., or during July and Aug.

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