

Childhood and longevity: vulnerabilities, continuities and discontinuities

The intense and rapid growth and development of the human being in childhood and adolescence is inexorably related to the aging process with its own rhythm regarding cognitive processes, to the need to maintain earlier physical and brain-related activities and, at the same time, with the decline of some functions. In both phases of life, dependence and vulnerability are striking, requiring care and social support to preserve the quality of life and health¹.

Current scientific knowledge has made great steps forward, indicating the importance of giving continuity to care about the development of the human being throughout the life cycle. For example, intelligence and the acquisition of verbal ability at the beginning of life, grounded on the provision of cognitive and educational information, relate to less frequent physical and mental health problems and lower mortality in old age. Studies identify that the varied forms of violence in the early stages of life are associated with more frequent physical and mental illnesses among adults and the elderly. Among the former are chronic pains, gynecological problems, irritable bowel syndrome, diabetes mellitus, arthritis, headaches and cardiovascular diseases. And among the latter are substance abuse, anxiety, depression, post-traumatic stress disorder and suicidal behavior. Investigations into dementia among the elderly emphasize the notion of cognitive reserve as a factor that might protect the brain, minimizing clinical manifestations. This reserve is linked to early and continued acquisitions throughout life, highlighting the early stages of development².

From the biomedical perspective, the notion of continuity derives from biological and especially epigenetic concepts in which inflammatory reactions and differentiated sensitivity to hormonal signals can occur in the face of stresses experienced, such as dietary insufficiency or violence, incorporating into cellular behavior. Behavioral aspects are also relevant, such as increased surveillance status, impoverishment of social relationships and unhealthy health styles in response to the difficulties faced in the earliest phases. Some psychological theories also seek to explain the perspective of the continuity of behaviors in human evolution and developmental theorists postulate that some moments of life, especially the initial ones, are critical to the patterns that affect the experience and subsequent behavior through to old age³.

However, we must be aware of the potential for change in human beings at any time in the life cycle. Aspects of the social environment are fundamental to support the readjustment of lifestyle from a community perspective. But also, individual paths and decisions also change life guidelines in response to the challenges of the social environment. The recent concept of epigenetic plasticity raises the possibility that changes at a cellular level can be reversible when the individual is exposed to a positive environment, producing transformations that improve both the living conditions and the social environment.

This thematic number brings together articles about the two extremities of life. Oral health and negligence and violence are subjects discussed by authors who investigate both age groups. Those dealing with children and adolescents are subjects such as breastfeeding, pregnancy, abortion, religiosity, consumption of alcoholic beverages, suicidal ideation, depression and care of health. Investigations among the elderly report the impact of falls, suffering from pain and the importance of physical activity. The articles point to weaknesses and potentials of the extremities of life that need to be viewed as a continuous and discontinuous, individual and social process.

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