



## Aging as Entropy: A Quantifiable Framework

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Quantifying the aging process is one of the most important tasks of aging biology and geroscience [1]. Reliable measures of aging would allow rigorous evaluation and comparison of interventions, which remains a major unmet need [2]. The framework to quantify aging needs to be based on the understanding of aging process [3]. While the mechanisms and definition of aging remain controversial [4], there is increasing recognition that aging involves stochastic accumulation of molecular and higher-order damage due to infidelity of repair and maintenance systems [5]. Entropy can be understood variously as the disorder, randomness, lack of structure, lack of complexity, or loss of information in a system. The accumulation of stochastic damage thus equates to increasing entropy in biological systems with time, following the second law of thermodynamics [6,7]. Entropy can generate feedback effects across levels, accelerating the process. Molecular entropy in cells could lead to tissue dysfunction, or entropy in endocrine networks due to chronic stress could lead to molecular damage, leading to deviation from homeostasis and dysfunction at organ and organismal levels. For example, molecular entropy (DNA damage, oxidative stress, etc.) drives chronic inflammation in muscle, liver, and adipose tissue cells, triggering insulin resistance and a sustained, oscillatory elevation in blood glucose (entropy in endocrine networks) [8,9]. The resulting vascular injury and progressive dysfunction of the heart, eyes, brain, skeletal muscle, and kidneys (entropy in organ and organismal levels) then reinforce the process, cre-

ating a self-amplifying loop of entropy from molecules to systems [9]. This viewpoint, aging as entropy, provides unique advantages for a framework to quantify the aging process. Entropy of certain traits can be quantified using reliable proxies across multiple layers from genome to protein dysregulation to organ dysfunction in biological organisms. This framework does not rely on the identification of specific etiologies; it nonetheless incorporates them in a broader systemic context.

Several methods have been proposed to measure entropy in biological systems (Fig. 1). Information entropy (Shannon entropy) is higher when a distribution of values has greater variance [10]. Calculation of information entropy requires a distribution of values from multiple measurements within an individual. When individuals have single value for a variable, Mahalanobis distance ( $D_M$ ) can be used as an appropriate proxy to measure entropy [11,12].  $D_M$  measures how far an individual has deviated from norm (centroid) across multiple variables, considering correlation between variables at the same time [12]. Another term, homeostatic dysregulation index as log-transformed  $D_M$ , has been increasingly used in related research [11,13]. Whether information entropy and  $D_M$  are fully interchangeable measures of entropy remains to be explored. A recent study proposed new measure of entropy, distance of covariance matrix (DISCO) [14]. DISCO quantifies how far an individual's biological measurement network has drifted from a healthy reference network, by computing a distance from the reference covariance structure.

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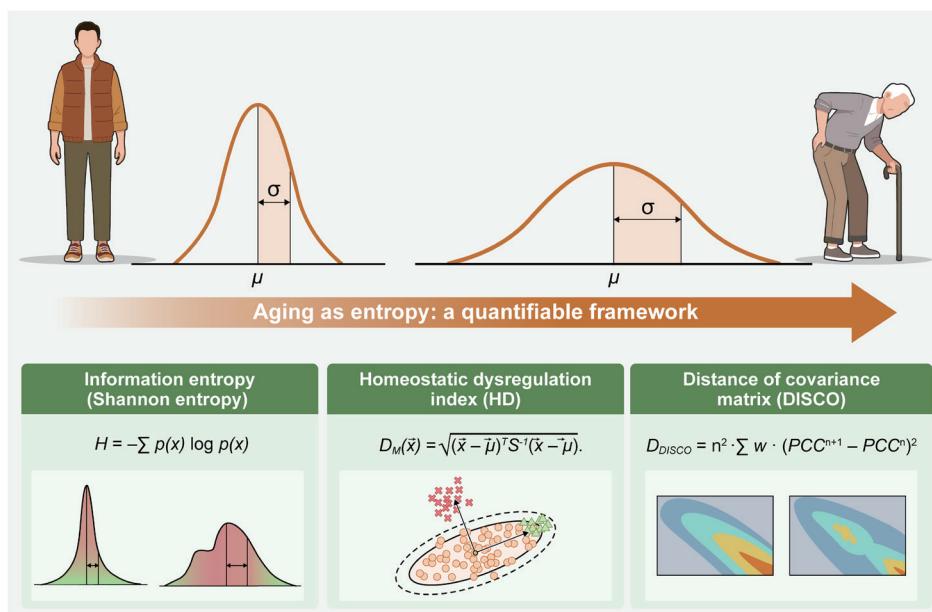
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**Fig. 1.** Aging as entropy: a quantifiable framework.

DISCO showed strong positive correlation with  $D_M$  while it demonstrated greater prognostic performance compared to  $D_M$  when both were applied to high-dimensional data such as proteomics [14].

Entropy of clinical blood biomarkers throughout the aging process has been extensively studied using  $D_M$  [11,13,15].  $D_M$  derived from a complete blood count and chemistry panel increased with age, showing robust prediction for health outcomes and mortality across multiple cohorts with diverse ethnicities.  $D_M$  of clinical biomarkers was associated with upstream determinants of health, such as diet and physical activity [16,17]. Of note, the association between  $D_M$  and health outcomes was not sensitive to the choice of biomarkers, indicating that  $D_M$  robustly detected a system-level property, entropy, even with random sets of markers [13]. A recent study published in *Aging Cell* extended the application of  $D_M$  to electrocardiogram (ECG) parameters to measure entropy of cardiac conduction system [18]. In this study, greater ECG entropy was associated with fracture, the consequences of entropic disorder and dysfunction in bone and the neuromuscular system. ECG entropy was also associated with similar changes in multiple systems manifest as an increased total mortality. The association was independent of age, clinical risk factors, and ECG diagnoses. These findings raise the possibility that associations between ECG entropy and outcomes are partly due to the fundamental process of increasing disorder with aging.

The framework of aging as entropy is an emerging research

interest, with potential to reshape the landscape of aging science. To achieve this goal, several research questions need to be investigated further. Multiscale entropy from various types of data derived from multiple biological scales could enhance the performance of conventional organ- or system-specific entropy by integrating systemic aging signals at a single time. It remains to be determined whether organ-specific entropy correlates with organismal level multiscale entropy, if this could be measured accurately. Integration of multi-omics profiles in the framework of entropy, along with image-derived features, would be a promising approach to enhance the accuracy and prognostic performance of multiscale entropy [14]. Comparison between entropy and biological age clocks that have been proposed in various domains may be helpful to provide new insight into how these measurements are related.

In summary, testing entropy framework to quantify aging process across various populations and outcomes will advance our understanding of aging and its impacts. Future efforts are needed to build integrated, multimodal entropy tools and examine their prognostic utility for multiple health outcomes related to aging.

## CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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