Figure 1. Cumulative survival (upper panels) and mortality rates (lower panels) in men and women based on 100.000 individuals per birth cohort (1850 (red), 1900 (blue) and 1950 (green)) from lifetables from the Netherlands. Note that the Y-axis of the lower panels is based on a log scale.

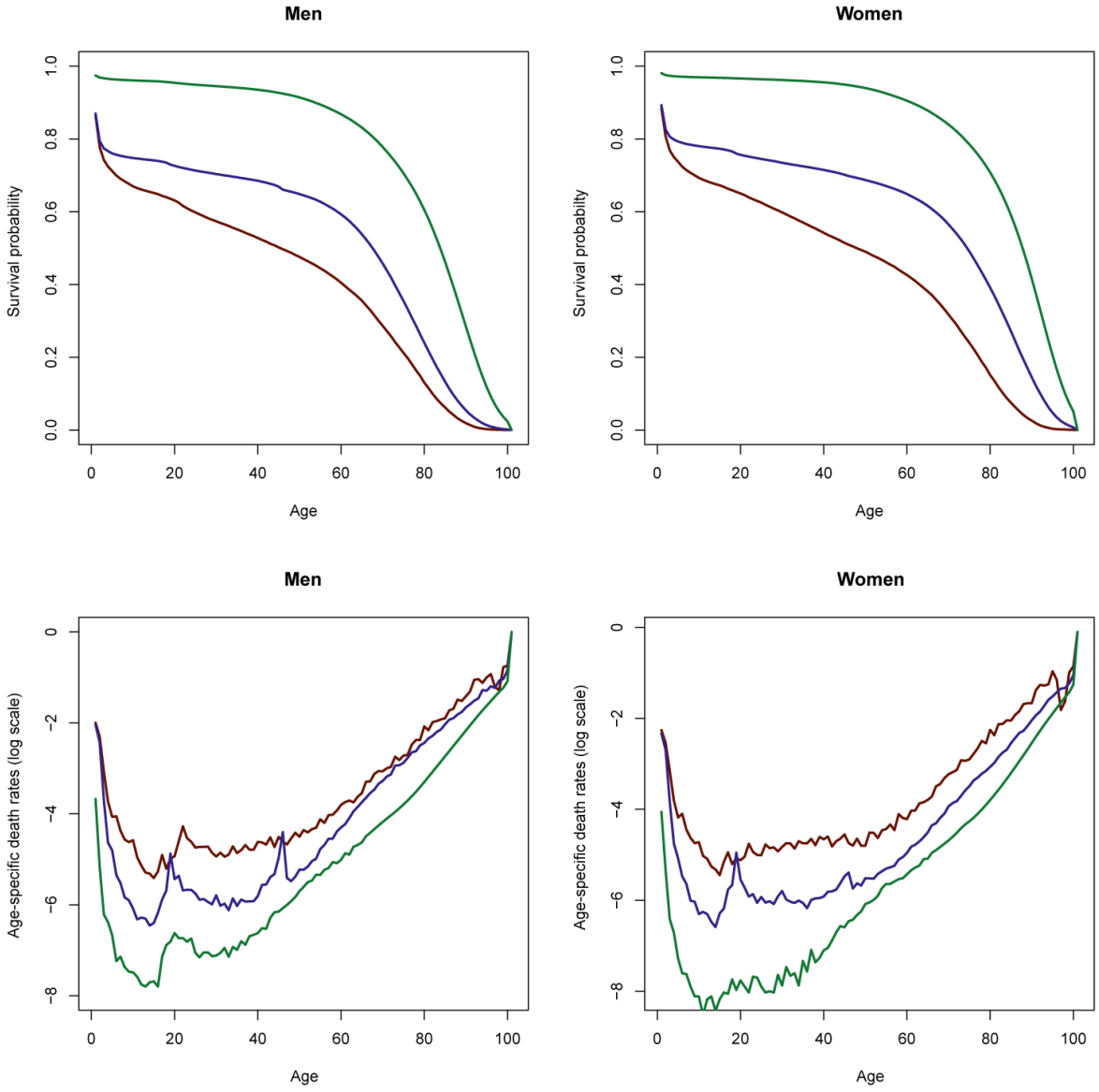

Figure 2. Disability-adjusted life years (DALYs) per 1000 population for malignant neoplasms (red), diabetes mellitus (blue), Alzheimer disease and other dementias (green) and cardiovascular diseases (purple) in different areas of the world for the year 2015 according to data from the World Health Organization (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html). One DALY represents the loss of one year of health due to mortality or disability caused by the disease indicated.

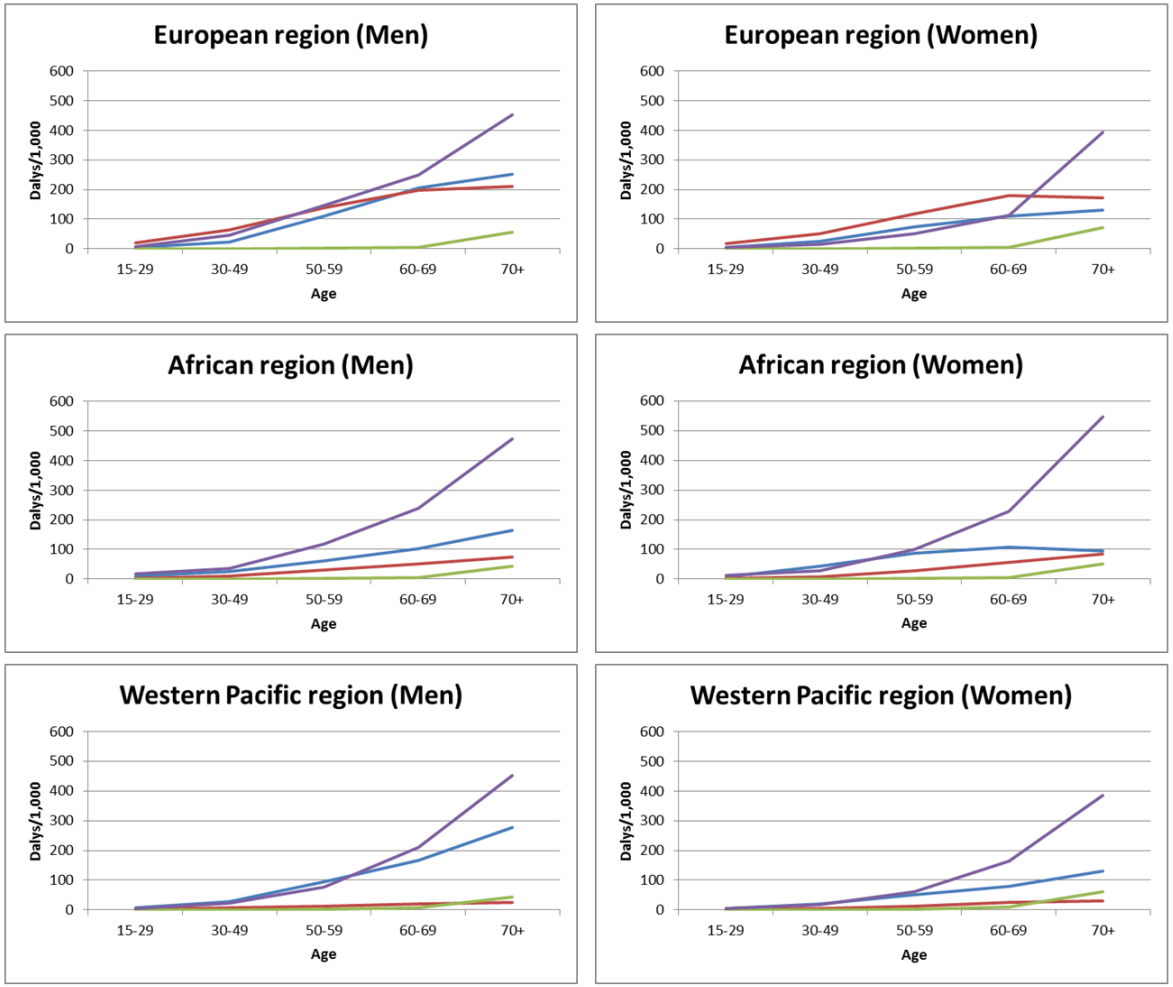

Figure 3. Schematic representation of the timing and progression of age-related phenotypes along the human lifecourse, such as loss of bone and muscle mass, gain of abdominal fat and changes in hormone levels. The different coloured lines indicate potential trajectories of functional decline during ageing.

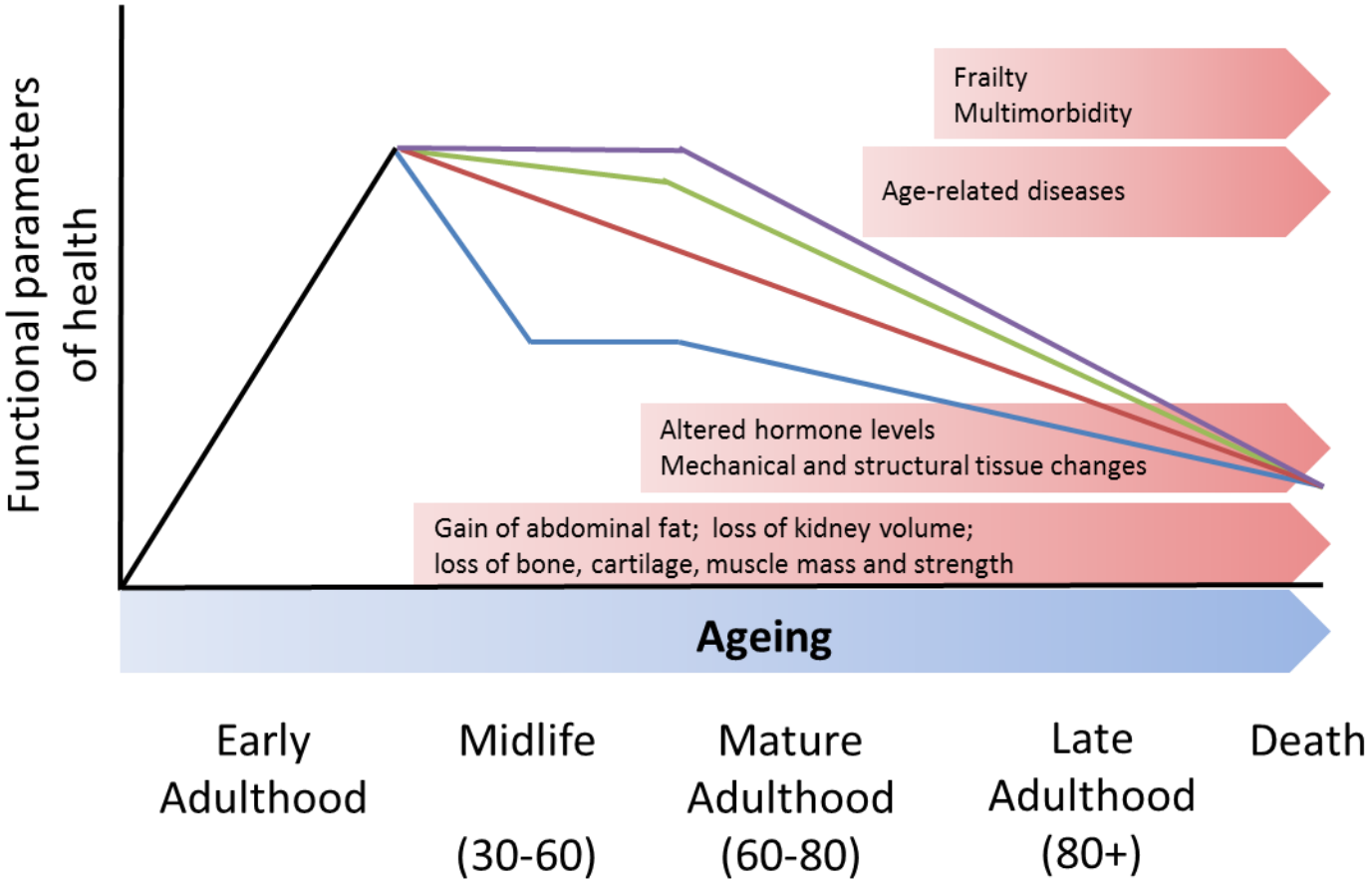

Figure 4. Ageing is characterized by mechanistic hallmarks that contribute to ageing to different extents in different organisms, and in different cell types within an organism. Hallmarks can influence each other both within cells and at a distance. Different interventions into ageing can affect different constellations of hallmarks, and different constellations of hallmarks can contribute to the aetiology of specific age-related phenotypes and diseases.