

Resource Summary Report

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National Institute on Aging

RRID:SCR_011438

Type: Tool

Proper Citation

National Institute on Aging (RRID:SCR_011438)

Resource Information

URL: <http://www.nia.nih.gov/>

Proper Citation: National Institute on Aging (RRID:SCR_011438)

Description: National institute that leads the federal government in conducting and supporting research on aging and the health and well-being of older people. The Institute seeks to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life. In 1974, Congress granted authority to form NIA to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. Subsequent amendments to this legislation designated NIA as the primary Federal agency on Alzheimer's disease research. Mission The Institute's mission is to: * Support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging. * Foster the development of research and clinician scientists in aging. * Provide research resources. * Disseminate information about aging and advances in research to the public, health care professionals, and the scientific community, among a variety of audiences. Programs NIA sponsors research on aging through extramural and intramural programs. The extramural program funds research and training at universities, hospitals, medical centers, and other public and private organizations nationwide. The intramural program conducts basic and clinical research in Baltimore, MD, and on the NIH campus in Bethesda, MD.

Abbreviations: NIA

Resource Type: institution

Related Condition: Aging, Alzheimer's disease

Resource Name: National Institute on Aging

Resource ID: SCR_011438

Alternate IDs: Wikidata: Q5969362, nlx_inv_1005112, grid.419475.a, Crossref funder ID: 100000049, ISNI: 0000 0000 9372 4913

Alternate URLs: <https://ror.org/049v75w11>

Record Creation Time: 20220129T080304+0000

Record Last Update: 20260725T190718+0000

Ratings and Alerts

No rating or validation information has been found for National Institute on Aging.

No alerts have been found for National Institute on Aging.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 162 mentions in open access literature.

Listed below are recent publications. The full list is available at [nidm-terms](#).

Korada S, et al. (2025) LINE-1 retrotransposition in a mouse TDP-43 model of neurodegeneration marks motor cortex neurons for cell-intrinsic and cell non-autonomous programmed cell death. PLoS genetics, 21(12), e1012007.

Dupre ME, et al. (2025) Racial and ethnic disparities in longitudinal trajectories of cardiovascular risk factors in U.S. middle-aged and older adults. PloS one, 20(2), e0318419.

Hakian M, et al. (2025) Skeletal muscle TFEB overexpression does not increase neurogenesis markers in the young female hippocampus. microPublication biology, 2025.

Whatley MC, et al. (2025) Curiosity across the adult lifespan: Age-related differences in state and trait curiosity. PloS one, 20(5), e0320600.

Rubin DS, et al. (2025) Walking cadence as a measure of activity intensity and impact on functional capacity for prefrail and frail older adults. PloS one, 20(7), e0323759.

Sutin AR, et al. (2025) Purpose in life and lung function: an individual-participant meta-analysis of six cohort studies. Respiratory research, 26(1), 171.

Yabaji SM, et al. (2025) Lipid peroxidation and type I interferon coupling fuels pathogenic macrophage activation causing tuberculosis susceptibility. eLife, 14.

Garcia Estrada MA, et al. (2025) Smoking knowledge and decision in an era of widespread awareness: Persistent disparities and policy implications. PloS one, 20(8),

e0329691.

Fernandez-Abascal J, et al. (2025) PEZO-1 is not required for AMsh glial responses to mechanical stimulation and does not play a major role in nose touch avoidance in *C. elegans*. *microPublication biology*, 2025.

Schlag KE, et al. (2025) Methodological considerations for assessing elder mistreatment of older adults with cognitive impairment: A scoping review protocol. *PloS one*, 20(3), e0320689.

Sengupta N, et al. (2025) Axon collateralization and focal myelin dystrophy alter action potential propagation in multicompartiment pyramidal neuron models. *PLoS computational biology*, 21(12), e1013733.

Jones SC, et al. (2025) Challenges in Disseminating Evidence-Based Health Promotion Programs in Faith Community Settings: What We Need to Include. *Health promotion practice*, 26(3), 579.

Cruz-Almeida Y, et al. (2025) Understanding Cognition, Oxytocin, and Pain in Elders (UCOPE): protocol for a double-blinded cross-over trial in chronic knee osteoarthritis pain. *Trials*, 26(1), 44.

Gorenflo MP, et al. (2025) Amphetamine use and Parkinson's disease: integration of artificial intelligence prediction, clinical corroboration, and mechanism of action analyses. *PloS one*, 20(5), e0323761.

Parajuli J, et al. (2025) Development and initial validation of a palliative care readiness (PALCARE) tool for older adults with cancer: Study protocol. *PloS one*, 20(5), e0323366.

Farro SA, et al. (2025) Engaging English- and Spanish-speaking older adults with and without possible cognitive impairment in advance care planning group visits: protocol for the ENGaging in Advance Care Planning Talks (ENACT) randomized controlled trial. *Trials*, 26(1), 353.

Wei YJ, et al. (2025) Association of initiating CYP2D6-metabolized opioids with risks of adverse outcomes in older adults receiving antidepressants: A retrospective cohort study. *PLoS medicine*, 22(6), e1004620.

Markon KE, et al. (2025) Aging dimensions and markers as relative predictors of mortality in a longitudinal epidemiological sample. *PloS one*, 20(6), e0324156.

Nadkarni R, et al. (2025) Exercise mitigates high-fat diet-induced cardiac dysfunction via APOE genotype- and immune-dependent mechanisms: A photon-counting CT study in adult mice. *PloS one*, 20(12), e0339293.

Armand J, et al. (2025) Therapeutic benefits of maintaining CDK4/6 inhibitors and incorporating CDK2 inhibitors beyond progression in breast cancer. *eLife*, 14.