

Pros/Cons Session

Use of antioxidants in preventive cognitive decline (Y/N)

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

**Antioxidants and improved nutrition
have long been considered
potential strategies to delay cognitive decline**

**increased production of Reactive Oxygen Species (ROS)
may lead to increased oxidation of**

Lipids

DNA

Protein

Neurons

apoE4

all of which may contribute to cognitive ageing

Epidemiological data suggest protective role of

n-3 fatty acids & B-vitamins

on cognitive decline and dementia

in addition to

antioxidant nutrients such as vitamins E and C, carotenoids, and flavonoids

Clinical trials of supplementation

with these nutrients

have generally failed to uncover a clear benefit

**8 cross-sectional
13 longitudinal studies**

Habitual dietary intake of antioxidants and cognition

Mixed findings

large heterogeneity in study design

differential control of confounders

insufficient measures of cognitive performance

dietary assessment

Vitamins and nutritional supplements in older persons: How to diagnose and when to substitute?

**Prophylactic supplementation with vitamins
is not supported by prospective trials**

However

**Positive data from observational studies
support a Mediterranean diet
*combined with intake of vitamins, antioxidants and unsaturated fatty acids***

Polivka D & von Arnim CA. *Inernist* (Berl). 2015

Dietary patterns allows to combine the synergistic effects of single nutrients

*Main biological mechanisms by which diet
could potentially protect against dementia risk and cognitive decline:*

- 1. Vascular system** *(e.g., aortic stiffness or microvascular function)*
- 2. Oxidative stress** *(e.g., free radicals and brain protection or damage or loss of neuronal homeostasis and neurodegenerative diseases)*
- 3. Attenuation of the inflammatory pathway** *(e.g., microglial priming)*

15 cohort studies with 41,492 participants

Outcome of interest cognitive function

divided into domains of memory and executive function

Meta-analysis of cohort studies revealed a significant association between MeDi and older adults' episodic memory ($n = 25,369$, $r = 0.01$, $P = 0.03$) and global cognition ($n = 41,492$, $r = 0.05$, $P \leq 0.001$)

but not

working memory ($n = 1487$, $r = 0.007$, $P = 0.93$)
or semantic memory ($n = 1487$, $r = 0.08$, $P = 0.28$).

Meta-analysis of RCTs revealed that compared with controls, the MeDi improved delayed recall ($n = 429$, $P = 0.01$), working memory ($n = 566$, $P = 0.03$), global cognition ($n = 429$, $P = 0.047$)

but not

episodic memory ($n = 566$, $P = 0.15$), immediate recall ($n = 566$, $P = 0.17$), paired associates ($n = 429$, $P = 0.20$), attention ($n = 566$, $P = 0.69$), processing speed ($n = 566$, $P = 0.35$), or verbal fluency ($n = 566$, $P = 0.12$).

The strongest evidence suggests a beneficial effect of the MeDi on older adults' global cognition

Commentary: Mediterranean diet and cognitive function:
are we approaching clarity in this area?

**There is increasing clarity
that Med diet may confer protection against cognitive decline**

BUT

It is unclear

it is the overall dietary pattern that is important

or

select aspects of the diet

or

other lifestyle factors that may “travel” with Mediterranean diets

or

perhaps the whole package is most important

Intervention trials are needed

**to elucidate the effects of a high intake of dietary
antioxidants on cognitive functioning**

and

to explore effects within a whole dietary pattern.

important to consider

**Antioxidants have well known biological effects besides antioxidant activity
including**

reduced inflammation

improved endothelial vasodilatation

increased production of vasodilatory compounds, such as nitric oxide

All of these mechanisms could be related to changes in cognitive function

Nutrition and mechanisms in cognitive functioning

Numerous studies have been conducted demonstrating a possible link between the intake of specific nutrients and foods on cognitive functioning

**Examples include:
omega-3 fatty acids
vitamin D, vitamin B6
vitamin B12
folate
flavonoids
and vitamin E**

but also foods

such as fish, nuts and seeds, and fruits and vegetables

**Due to pathological differences between dementia types,
different mechanisms by which dietary antioxidants exert their effects may exist
depending on the dementia subtype**

**Careful consideration should also be given to potential
confounding factors**

**such as
Genetics
Smoking
physical activity
supplemental and total energy intakes**

The epidemiologic study of dementia: a life-long quest?

The pathology underlying cognitive impairment may begin decades prior to onset of detectable symptoms

Thus, long-term antioxidant intake could be most relevant for cognitive outcomes in later life

Launer LJ. Neurobiol Aging. 2005

Thank you for your attention

Future observational studies and trials should examine the influence of individual components of the MeDi with cognitive outcomes

Studies examining the impact of the MeDi on biomarkers that reflect inflammation would give further insight into any potential mechanisms underpinning the effects of the MeDi on cognition

Future trials taking a multi therapeutic approach to enhance modification of these mechanisms (i.e. intervention using the MeDi in conjunction with exercise)

Micronutrient supplementation improved serum micronutrient status, with improved metabolic markers for B vitamins but not for intracellular antioxidant status

.....there is a necessity of determining micronutrient status
.....in nutritional supplementation trials

Von Arnim CA et al. Nutr J 2013

Methods:

association between plasma lutein and zeaxanthin and domain-specific cognitive performance

4,076 community-dwelling adults aged 50 years or older

Results:

Higher plasma lutein and zeaxanthin were independently associated with better composite scores across the domains of global cognition, memory, and executive function.

We also found evidence that higher plasma zeaxanthin, but not lutein, was associated with better processing speed. These associations were consistent across domains

Conclusions:

Further investigation of the prognostic value of carotenoid concentrations, and their changes, on cognition in similar population-based samples longitudinally is warranted

Plasma and erythrocytes' antioxidant parameters levels were associated with APOE rs429358, rs7412 polymorphism.

The influences of APOE rs429358 polymorphism on plasma and erythrocytes' antioxidant parameters could be modified by GSTT1 genotype; the influences of APOE rs7412 could be modified by GSTM1 genotype