Evaluation of the Strength of Evidence for Supplementation Use for Healthy Cognitive Function

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# A. The Cognitive Continuum

Peterson et al. (1996)

Normal Aging (Successful Aging), Age-Associated Memory Impairment (AAMI)

Mild Cognitive Impairment (MCI)

Dementia/Alzheimer's

## Dietary Supplements/variables

- Antioxidants
- Ginkgo
- Folate, B6, B12, homocysteine
- Cholesterol intake and statins
- Fatty acids
- (anti-inflammatory agents, estrogen)

## Oxidative Damage and Brain Aging

- Aged animals and people accumulate oxidative damage to lipids, proteins and nucleic acids
- Antioxidant treatments in rodents can "reverse" the decline in learning and motor function, e.g., Vit. E, lipoic acid and ALCAR, PBN, blueberry extracts, etc.

### **MORRIS WATER MAZE REVERSAL AGE DIET STUDY** (J. Joseph, 2002)



**DIET GROUP** 

#### Observational Studies of the Effect of Antioxidant Intake on the Risk of Dementia and Alzheimer's Disease



### Observational Studies of the Effect of Antioxidant Supplement Use on the Risk of Dementia and Alzheimer's Disease



#### **Cognitive Function and Serum Vitamin E Status**\*

#### Pfeiffer Mental Status Questionnaire

	<u>No Errors</u>	Some Errors
Vitamin E		
Men	$19.7\pm8.6\ \mu mol/l$	15.1 ± 5,6 μmol/l
Women	$20.8\pm8.4~\mu\text{mol/l}$	14.9 $\pm$ 6.1 $\mu$ mol/l
Vitamin E / Cholesterol		
Men	$3.5\pm2.0~\mu\text{mol/l}$	$2.4\pm20.8~\mu\text{mol/l}$
Women	$2.9 \pm 1.4 \; \mu \text{mol/l}$	$2.3\pm1.3~\mu\text{mol/l}$

Ortega, 2002; similar data in Perkins, 1999



## Challenges

- Studies to date are descriptive except for Vit. E in AD.
- Foods rich in antioxidants are also enriched in other dietary components that may be beneficial.
- Supplement doses, form unclear, eg., d.l vs. d vit E
- Peripheral markers may not reflect brain state, e.g., plasmaVit E/chol.
- Supplements may not be as effective as diet and it is likely combinations of antiox. are needed
- Life style is not taken into account
- Animal studies may help, particularly on higher mammals.

**Canine (Dog) Aging and Cognition** Exhibit age-associated cognitive decline similar to humans, e.g., capable of complex learning tasks Exhibit similar neuropathology to humans, e.g., ß-amyloid, oxidative stress

Share many environmental conditions and the genome is similar to humans.

### Protocol and Data Collection





## Dietary rationale

Intervention with antioxidants may slow or reverse changes associated with mental aging

- Vitamin E slowed progression of Alzheimer's in people (Sano 1997)
  - •Carnitine and lipoic acid improved mitochondrial health and impairments in old rats (Hagen 1999; McC
- Blueberry extract reversed aged rat learning disabilities (Joseph 1999)



 High intake of fruits/veg. decrease dementia risk by 19% (Engelhart 2000)

## **Oddity Task**















#### 6 months

## **Dog Aging and Cognition Project**



#### Effect of diet on oddity discrimination in aged beagles



### Spatial Memory and Antioxidant Diet





Plaque Accumulation in Unimpaired and Impaired Dogs: Comparison with Normal Elderly and Alzheimer's disease Human Brain

## Effect of Treatment on Total Amyloid Load (6E10)



\*Includes archival data

### Beta-amyloid in Canines after A/E treatments



## Ginkgo

- Widely prescribed and used
- Over 50 report showing effects on one or more measures of cognitive function
- No effect on healthy non-demented subjects (n=230, 6months) (*Solomon, JAMA, 2002*)
- Dementia patients (n=202) treated with ginkgo show 0.1 decline on ADAS-Cog vs. 1.48 in placebo. No subjective differences reported by family or physicians (*LeBars, JAMA, 1997*)

### Ginkgo for Memory Enhancement A Randomized Controlled Trial

Test **Digit Symbol** Mental Control **Digit Span** Stroop Test Logical Memory I Logical Memory II Visual Reproduction I Visual Reproduction II **CVLT** Total CVLT (Short Delay Recall) CVLT (Long Delay Recall) CVLT (Recognition Memory) Controlled Category Fluency Boston Naming Test Memory Questionnaire -3-2



Solomon, JAMA, August 21, 2002

Homocysteine; folate, B6,12 and the decline in cognitive function High homocysteine increases risk for neuronal damage

- Increases neuronal DNA damage
- Sensitizes neurons to oxidative damage and degeneration
- Folate, B6, B12 protect in animal models, eg., AD mouse.

### High Homocysteine and Low Folate and Vitamin B12 as a Risk Factor for Cognitive Decline (AD)



\*An increase in plasma homocystiene levels of 5  $\mu$ mol/l increases risk by 40%

\*\*Radiologic evidence of AD also greater in those with high homosteine at entry

# Incidence of Dementia among subjects with HC in highest quartile (Seshadri, NJM,2002)



### Fatty acids and dementia

- Animal studies indicate that select fatty acid improve learning and memory in rats
- Human studies are unclear as to whether or not high total fat, sat. and trans fat and low mono and polyunsat and unsat. fatty acids protect
- Cholersterol probably

Fatty Acids and Dementia, The Rotterdam Study (2002)

- Total fat 0.93 (95% CI 0.79-1.05)
- Sat. fat 0.91 (95% CI 0.91-1.10)
- n-3 polyunsat 1.07 (95% CI 0.94-1.07)
  When corrected for age, education, total energy intake and Vit. E

Clinical trial suggests improvement possible

• Supplementation with essential fatty acids in AD patients (n=100) was reported to improve quality of life and short term memory (Yehuda, 1996)



# Cholesterol lowering drugs

- Statins delay onset of dementia, e.g., levostatin
- Reduce B-amyloid in rodent models

### **Cholesterol Depletion Inhibits Beta Amyloid Cleavage**



Robert Ehehalt, Journal of Cell Biology, January 2003

### Observational Studies of the Effect of Statin Use on the Risk of Dementia and Alzheimer's Disease





- Select antioxidants; folate/B6,12; cholesterol lowering strategies may provide benefit
- Animal data are strong for all 3
- Human studies to date are descriptive though trials are ongoing
- Gingko data are unclear but a primary prevention trail for AD is ongoing
- Cognitive measures need to be challenging, graded for endpoints other than dementia
- Environmental enrichment and lifestyle interact with diet and are not taken into account

## Methodology

- Larger populations?
- Better mechanistic-based cognitive tests
- Informatics approaches to facilitate data collection and more data points
- Biomarkers as pre-endpoints

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