

Evaluation and Comparison of Dietary Patterns in Patients with Alzheimer's Disease and Healthy Controls

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Abstract

Background:

the onset of Alzheimer disease (AD). Previous studies have focused on AD and an individual nutrients or single food-based approach which does not take into account combinations of food that are consumed. Therefore, we aimed to investigate the relation between Alzheimer disease and major dietary patterns among elderly people.

Materials and methods: This case-control study was conducted on 50 elderly people who suffering from AD and 92 healthy controls (elderly people without Alzheimer disease). Usual dietary intake was assessed using a validated

Results:

vegetables and fruit rich in beta-carotene, vegetables and fruit different than mentioned source. The second pattern was high in grain, cereals, bread, butter, cream, sugar and sweets, and the third one included high amount of potato

age, sex and education (OR=0.13; 95% CI: 0.04-0.42 and OR=0.006; 95% CI: 0.00-0.218, respectively).

Conclusion:

Keywords:

Introduction

Alzheimer's disease (AD) is a progressive neurodegenerative disorder that causes cognitive impairment and functional decline. The exact cause of AD is still unknown, but it is believed that genetic, environmental, and lifestyle factors play a role in its development. Diet has been implicated in the prevention and treatment of AD. Several studies have shown that a diet rich in fruits and vegetables, whole grains, and lean protein may reduce the risk of AD. On the other hand, a diet high in saturated fat, trans fat, and added sugars has been associated with an increased risk of AD. The aim of this study was to evaluate and compare dietary patterns in patients with Alzheimer's disease and healthy controls.

Alzheimer's disease (AD) is a progressive neurodegenerative disorder that causes cognitive impairment and functional decline.

Methods and Materials

Population of study

The study population consisted of 50 elderly people with Alzheimer's disease and 92 healthy elderly controls. The participants were recruited from a geriatric clinic and a community-based sample. The inclusion criteria for the Alzheimer's group were: (1) diagnosis of Alzheimer's disease based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), (2) age of 60 years or older, (3) ability to provide informed consent, and (4) no history of stroke or other neurological disorders. The inclusion criteria for the healthy control group were: (1) age of 60 years or older, (2) no history of cognitive impairment, (3) no history of stroke or other neurological disorders, and (4) no history of chronic diseases such as diabetes, hypertension, or cardiovascular disease. The exclusion criteria for both groups were: (1) history of alcohol or drug abuse, (2) history of head trauma, (3) history of neurological disorders other than Alzheimer's disease, and (4) history of cognitive impairment due to other causes such as depression or dementia.

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Dietary intake assessment

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Food group	1	2	3
Grain, Cereals, Bread	0.251	0.487	0.227
Milk and milk products	0.691	0.219	0.237
EGGS	0.444	-	-
Meat, Poultry, Fish	0.530	0.497	-
Butter and Cream	-	0.736	-
Fat different than the above	0.314	-	-
potato	-	-	0.862
Vegetables and Fruit rich in vitamin C	0.565	-	0.245
Vegetables and Fruit rich in beta-carotene	0.699	-	-
Vegetables and Fruit different than above	0.740	-	0.252
Seeds and Legumes	-	-	0.802
Sugar and Sweets	-	0.666	-
other	0.583	-	-

Values <0.2 were omitted for simplicity

Table 1: Factor loading matrix for the major dietary patterns.

Demographic variable	G1	G2	p-value
Age	69.47 ± 14.15	83.51 ± 9.16	<0.001
WC	92.52 ± 24.06	86.63 ± 17.15	0.55
BMI	24.04 ± 5.49	26.26 ± 4.7	0.02
Sex	male	36.5%	36.4%
	female	63.5%	63.6%
Education	low	23.3%	13.3%
	middle	31.7%	70.0%
	high	45.0%	16.7%
Past medical history			

Data are presented as mean \pm SD

Table 2: Participant characteristics.

- nutriceutical formulation for moderate-stage to later-stage Alzheimer's disease: A placebo-controlled pilot study. *Am J Alzheimers Dis Other Demen* 24: 27-33.
10. Mizrahi E, Jacobsen D, Debanne S, Traore F, Lerner A, et al. (2003) Plasma total homocysteine levels, dietary vitamin B6 and folate intake in AD and healthy aging. *The Journal of Nutrition, Health & Aging* 7: 160-165.
11. McCann JC, Ames BN (2009) Vitamin K, an example of triage theory: is micronutrient inadequacy linked to diseases of aging? *Am J Clin Nutr* 90: 889-907.
12. Gu Y, Scarmeas N (2011) Dietary patterns in Alzheimer's disease and cognitive aging. *Curr Alzheimer Res* 8: 510-519.
13. Hu FB (2002) Dietary pattern analysis: a new direction in nutritional epidemiology. *Curr Opin Lipidol* 13: 3-9.
14. Jacobs DR Jr, Gross MD, Tapsell LC (2009) Food synergy: An operational concept for understanding nutrition. *Am J Clin Nutr* 89: 1543S-1548S.
15. Harrell LE, Marson D, Chatterjee A, Parrish JA (2000) The severe mini-mental state examination: A new neuropsychologic instrument for the bedside assessment of severely impaired patients with Alzheimer disease. *Alzheimer Disease & Associated Disorders* 14: 168-175.
16. Esmailzadeh A, Kimiagar M, Mehrabi Y, Azadbakht L, Hu FB, et al. (2007) Dietary patterns, insulin resistance, and prevalence of the metabolic syndrome in women. *The American Journal of Clinical Nutrition* 85: 910-918.
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