Undergraduate Category: Health Sciences Degree Seeking: PharmD RESEARCH, INNOVATION AND SCHOLARSHIP EXPO Abstract ID# 2034

Northeastern University

This work was part of a group capstone project entitled Nutrition in Pharmacy under the supervision of Dr. Gregory Miller

Whole Food Plant-Based Diet and Alzheimer's Disease

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Mission Statement

As pharmacy students, we have the responsibility to promote health and **encourage patients** to take control of their own well-being by maintaining a whole-food, plant-based diet



Our focus is to educate the general public and communicate the impact this diet has on delaying the progression of Alzheimer's Disease

Western Diet

Lacks phytonutrients and antioxidant-rich vegetables and fruits 1985: rate of Alzheimer's disease in Japan was only 1% 2008: rate of Alzheimer's disease in Japan rose by 7% due to Western diet

Leads to a 4% chance of developing Alzheimer's disease

Processed Cheeses

Contains diacetyl, which has the potential to increase iamyloid plaques in the brain



Contains **nitrosamines** which causes the liver to produce fats that are toxic to the brain



Contains **nitrites** which can be reduced to nitrosamines and cause cellular alterations

White Foods

Causes a spike in **insulin** and **glucose** levels and lead to inflammation

Whole Foods Plant-Based Diet

A diet consisting of fruits, vegetables, legumes, whole grains, nut, and seeds, but excludes meat, dairy, eggs, and refined foods

Blueberries

Contain **polyphenols** which helps to reduce the release of proinflammatory cell signaling molecules from T-lymphocytes

Turmeric

Inhibition of Egr-1 DNA binding reduces inflammation. Decreases the main inflammatory chemical and the transcription of inflammatory cytokines Exposure to cucurmin affected the production of pro-inflammatory

!cytokines (IL-1, IL-6, TNF-)

Walnuts

Rich in antioxidants which help with reducing inflammation Source of omega-3 which plays a role in anti-inflammation

Alzheimer's Biomarkers

Low levels of CSF AB42 are linked to Alzheimer's disease as AB42 clumps into plaques → less are able to enter into the cerebrospinal fluid

Diet High in Saturated Fats

CSF AB42	F2-isoprostanes
Lower levels	Higher levels

F2-isoprostanes are lipids that mark neuronal injury

Diet Low in Saturated Fats	
CSF AB42	F2-isoprostanes
Higher levels	Lower levels

Conclusions and Impact

- > Current medications slow down the progression of symptoms, but none are able to cure or reverse the disease
- > Prevention through change in diet could be the biggest impact we have on Alzheimer's disease
- > Cells are difficult to repair once damaged; it is more efficient to maintain and prolong the health of these cells

What is Alzheimer's Disease?

Most Common Type of Dementia

Causes impairment of:

Memory Thinking Behavior

Progressive

Survival **4-20** years

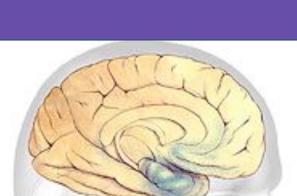


1 in 10 people

RISK FACTORS

- age **APOE-e4** genotype
- socioeconomic status
- educational attainment Poverty
- Missed diagnoses

Current Treatment



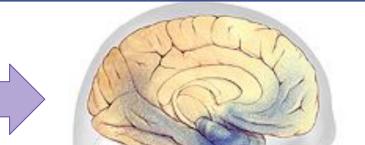
Mild to Moderate

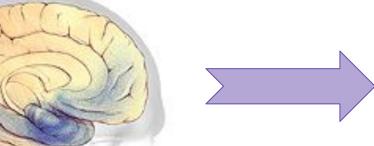
Cholinesterase Inhibitors:

Exelon (rivastigmine)

Aricept (donepezil)

Razadyne (galantamine)







N-methyl D-aspartate receptor antagonists:

Moderate to Severe

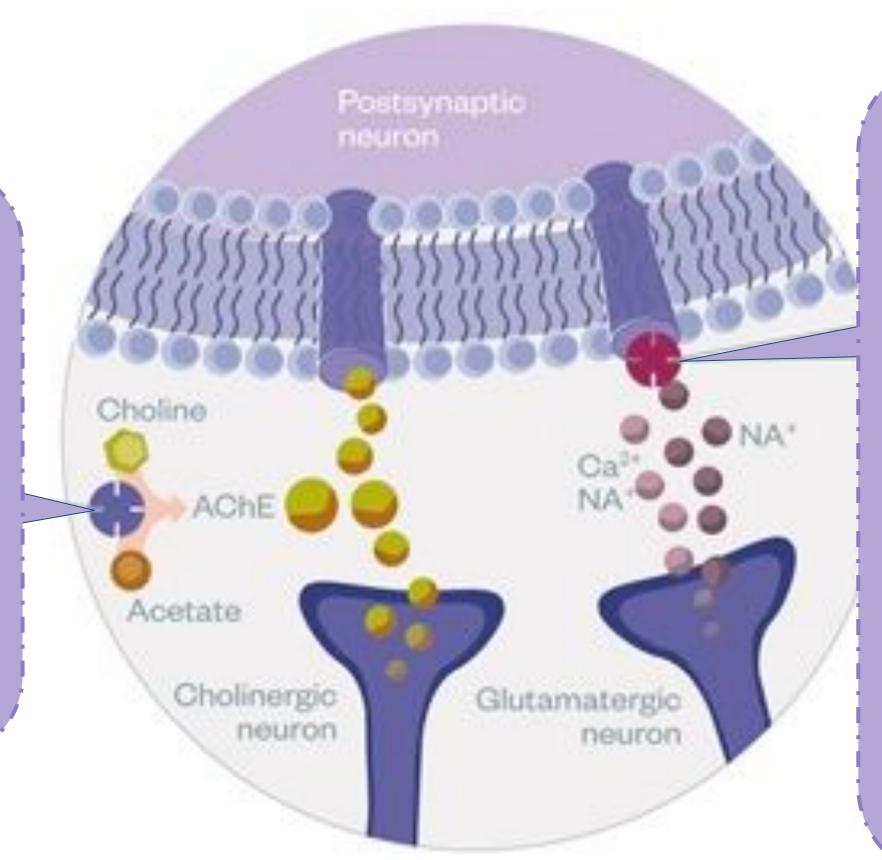
- Namenda (memantine)
- **Cholinesterase Inhibitors:**
- Aricept (donepezil)

Namzaric (memantine ER & donepezil)

Cholinesterase Inhibitors

Prevents breakdown of acetylcholine, which is involved in memory and judgement

Slows down the development of symptoms



NMDA receptor antagonists

Regulates activity of glutamate, a neurotransmitter that attaches to NMDA receptors

Prevents excessive exposure to calcium which speeds up cell damage

References are available from the authors