

Ocular Nutrition Controversies: From A to Z (Astaxanthin to Zeaxanthin)

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Disclosure

I have been a speaker/consultant/advisor to:

Alcon, Allergan, AstaReal, Bausch & Lomb, Genentech, Luneau, Kemin, Maculogix, Notal Vision, Optos, Regeneron, VSP & Zeavision



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Before we start....

- Diana and I like interaction (with you better than with ourselves)
- Any questions/suggestions or topics before we start?



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How much can diet affect vision?

- Junk food can cause blindness!
 - French fries, potato chips, white bread, processed ham and sausage
- Complaints at age 14 of tiredness
 - Normal BMI, no signs of malnutrition
 - Low B12 and anemia treated and given dietary advice
- Age 15: hearing and vision loss
- Age 17: Blindness
 - Low B12, Vit D, bone density and high Zinc
- Optic neuropathy caused by junk food diet!
 - Some controversy as to possibility of other cause.....
 - BMI isn't everything (as seen in this case)



Harrison et al. Blindness by Junk Food. Annals of Int Med. 9/19

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"Let Thy Food Be Thy Medicine" Hippocrates

Maximus Diabeticus Triglicéridus
Hipertensus



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Why do we need to discuss?



- What is the leading source of Antioxidants in the average American's diet?¹
 - Coffee (2nd and 3rd are black tea and bananas)
- What percentage of Americans follow the 4 healthy lifestyle habits?
 - 3%
- What percentage of vege intake in the US is potato + ketchup
 - >50%
 - 2010-2015 F/V consumption down 7% compared to prior period measured
 - Leading "fruit" is OJ and leading "vege" is potato
 - 15% of tomato consumption is ketchup

Vinson et al. Polyphenols and US consumption. American Chem. Society 8/2005.



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Where is the best place to find nutrition?

- But what's the reality?
- What foods are good for Xanthophyll?
 - Kale (40mg/serving), Spinach (12mg), Romaine lettuce (2.3mg), Broccoli (1.7mg)
- Do you ever ask your patients about f/v consumption?
- What about Mediterranean diet?
 - Approx 47% less Adv AMD
 - More L/Z the better! Hogg. Ophthalmology 11/16.
- An apple a day keeps AMD away!
 - 15% decrease Ophthalmologica 2015; Coimbra Eye Study
- An Orange a day keeps away AMD
 - 60% decrease with daily orange vs never oranges Gopinath et al. Dietary flavonoids & AMD. American Journal of Clinical Nutrition, 2018



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BMI

What is BMI and how is it calculated?

HOW DO YOU TALK TO PTS ABOUT BMI?



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How do you talk to your pts about exercising?



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When does nutrition become important?

- Should everybody pay attention to it?
- Is nutrition preventative or should discussion be reserved for "active" disease?
- At point in AMD do you start to discuss nutrition?
- At what point in DM does nutrition become important?
- Is nutrition relevant to computer vision syndrome?
- When do you discuss nutrition in OSD?

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SAFETY of VITAMINS: In the NEWS

Dietary Supplements and Mortality Rate in Older Women 2011

The Iowa Women's Health Study N=30K women

Jaukko Marcus, PhD; Kim Robles, PhD; Lisa J. Harnack, DrPH, MPH; Kyong Park, PhD; David R. Jacobs Jr, PhD



MV, Vit B6, folic acid, Mg, zinc, iron & copper may be associated with increase mortality rate

Background: Although dietary supplements are commonly taken to prevent chronic disease, the long-term health consequences of many compounds are unknown.

Methods: We assessed the use of vitamin and mineral supplements in relation to total mortality in older women in the Iowa Women's Health Study; mean age was 61.6 years at baseline in 1986. Supplement use was self-reported in 1986, 1997, and 2004. Through December 31, 2008, a total of 15,524 deaths (40,346) were identified through the State Health Registry of Iowa and the National Death Index.

Results: In multivariable adjusted proportional hazards regression models, the use of multivitamins (hazard ratio, 1.06; 95% CI, 1.02-1.10; absolute risk increase, 0.4%), vitamin B6 (1.10; 1.01-1.21; 4.1%), folic acid (1.15; 1.00-1.32; 3.9%), iron (1.10; 1.03-1.17; 3.9%), magnesium (1.08; 1.01-1.15; 3.6%), zinc (1.08; 1.01-1.15; 3.5%), and copper

per (1.45; 1.20-1.75; 18.0%) were associated with increased risk of total mortality when compared with corresponding nonuse. Use of calcium was inversely related (hazard ratio, 0.91; 95% confidence interval, 0.88-0.94; absolute risk reduction, 3.8%). Findings for iron and calcium were replicated in separate, shorter-term analyses (10-year, 6-year, and 4-year follow-up), each with approximately 15% of the original participants having died, starting in 1986, 1997, and 2004.

Conclusions: In older women, several commonly used dietary vitamin and mineral supplements may be associated with increased total mortality risk; this association is strongest with supplemental iron. In contrast to the findings in many studies, calcium was associated with decreased risk.

Arch Intern Med. 2011;171(18):1625-1633

Multi-vitamins

- Are multivitamins worthwhile?
- Are they just a fairy-dust formulation?
- Are they true to label?
 - NY AG investigation of major retailers
- Frame of reference as to AREDS2...



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“True to label”

- You can't take for granted that things are what they say..
- NYT article in Nov. 2013 looking at 44 bottles from 12 companies of supplements
 - Bottles from 2 companies had 100% and 2 had 0% accuracy to label
 - 2 bottles of St John's wort contained NONE of the actual herb
 - 1/3 showed substitution (no trace of advertised)

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NY Attorney's General gets involved

- In Feb 2015 NYAG did sting with GNC, Target, Walgreens and Walmart
 - Ex: Walgreens Ginseng was only powdered garlic and rice
 - Walmart Ginkgo biloba was radish, houseplants and wheat (Despite being labeled gluten/wheat free)
 - 3/6 tested at Target had 0% of labeled claim
 - GNC: unlisted ingredients including legumes as fillers

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So...

- Use only brands you can trust
- **PRESCRIBE** to your patient as you would anything else
- Look for independent lab testing, production in NSF, follow BMP (best manufacturing practices) facilities and a company that will be there when you need them!
- Do patients ask you: “Is this over the counter or prescription?”

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Think about screens



No silly.....not that kind.....



Think this kind...



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Think about screens



No silly.....not that kind.....



Think this kind...



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Symptoms of Digital Eye Strain

- **65%** of Americans reported symptoms of digital eye strain¹
- The average American spends **7.5 hours** in front of a screen or digital device every day¹.
- **53%** of Americans are using **2** digital devices at the same time.¹
- More than **83%** of Americans use digital devices for more than 2 hours per day.¹ It's a family affair affecting the entire family¹
 - 72% ages 0-18 – 88% ages 18-29
 - 83% ages 40-59 – 76% ages 60 and up

TOO MUCH Screen Time

- Headaches
- Eye Strain/Fatigue
- Dry Eyes
- Irritated Eyes
- Blurred Vision
- Reduced Attention Span
- Poor Behavior
- Irritability

Do you use EHR??

1. 2015 The Vision Council US Report: 10,000 Americans in Survey

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What is Astaxanthin



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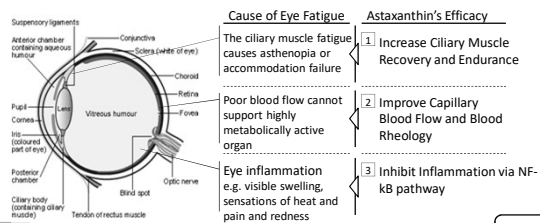
How Astaxanthin reduces eye strain..

- ✓ Eye Strain and fatigue often associated with CVS as well as prolonged exposure to blue light .
- ✓ HE blue light reduces contrast and overworks ciliary muscles.
- ✓ Tired ciliary muscles directly cause eyes to feel strained and fatigued.
- ✓ Astaxanthin has been shown to improve ciliary muscle endurance and recovery.
- ✓ Astaxanthin is strongest natural antioxidant on ORAC scale and is pure antioxidant
 - ✓ Penetrates cell membranes without disrupting structure
 - ✓ Crosses blood-retina and blood-brain barrier



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Astaxanthin Mechanism of Action Summary



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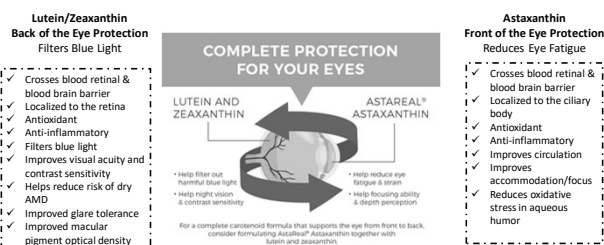
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Summary of Clinical Body of Evidence by Dose

In vivo/vitro study	Dosage of Astaxanthin	Clinical study
Anti-oxidant effects <ul style="list-style-type: none"> ✓ Scavenges reactive oxygen, especially singlet oxygen (Nakamura 2007) ✓ Inhibits lipid peroxidation (ASA 1991) ✓ Protects cell membrane from oxidative stress comprehensively (Goto 2001) 	1 mg	Anti-oxidant effects blue light
	2 mg	Decreases plasma oxidative stress marker (Kim 2004 and Park 2010)
Protection of retinal damage <ul style="list-style-type: none"> ✓ Protected retinal ganglion cell (RGC) from oxidative stress, glutamate stress, hypoxia, and UV (Nakagawa 2004, Song 2010, and Yamaguchi 2010, and Ueno 2010) ✓ Inhibited light-induced retinal dysfunction (Suzuki 2010) 	4 mg	Improves accommodation and visual acuity (Nakamura 2004)
Anti-inflammatory effects <ul style="list-style-type: none"> ✓ Inhibited NF-κB-dependent signaling pathway in inflamed eyes (Suzuki 2010, and Ueno 2010) 	5 mg	Improves accommodation and attenuates symptom of digital eye strain (Nagaki 2002)
Vasodilating action <ul style="list-style-type: none"> ✓ Extended vascular via a vascular relaxing factor NO (Nakamura 2004) ✓ Shortened the blood microchannel transit time (Nakamura 2004) 	6 mg	Improves accommodation and attenuates symptom of eye strain (Nagaki 2006, Nitta 2005, Shiratori 2005, Iwasaki 2006, Kajiya 2009, and Takahashi 2005) Shows anti-oxidative and anti-inflammatory effects in aqueous humor (Hashimoto 2007, 2009) Promotes circulation around optic papilla (Nagaki 2005)

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Front to Back Eye Protection



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Available products

- Blue Light Defender Plus
 - Vitamin Health/VitEyes
- Guardion
 - Lumea-Z
 - GlaukoCetin
- Fortifeye
 - Fortifeye focus
- Note: numerous “general” supplements have astaxanthin



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A quick comparison

- Astaxanthin is:
 - 6000x stronger than Vitamin C
 - 770x stronger than Coenzyme Q10
 - 100x stronger than Vitamin E
- When it comes to combatting reactive oxygen species (ROS)

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What about blue light specifically

- Which is better Inside or Outside protection?
- Why pick one...choose both

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Beta Carotene

- What's up doc?
- Is it helpful?
- Is it harmful?



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What about Fish Oil

- What did AREDS2 say?
- What have European studies said?
- What about other potential worries with fish oil?
 - What about DR specifically?



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MPOD

- Does MPOD only relate to AMD risk?
- Are carotenoids important beyond AMD?

Remember what I said earlier about how to easily discuss with patients?

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Can we improve visual function

- ZVF, LAST, LAST2
 - What do we mean by visual function?



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Which is better....2 or 3

- Carotenoids found in macula
 - Lutein
 - Zeaxanthin
 - Mesozeaxanthin
- Does something need to be dietary to be important?
 - Can you make a case either way
- Does it need to be able to “perform” on it’s own?
 - Again...can you make a case either way
- We may not know the final answer yet.....

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True or False

- Nutritional supplementation at any stage of AMD is important?
- What about Sub-clinical AMD???

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AREDS2

- What did the abstract from AREDS2 tell us?
- What did AREDS2 really tell us?

National Eye Institute Recommended Formula:

Nutrient	Amount (per day)	Percent Daily Value*
Vitamin C	800 mg	800%
Vitamin E	400 IU	1340%
Zinc	80 mg	800%
Copper	2 mg	100%
Lutein	10 mg	**
Zeaxanthin	2 mg	**

*Percent Daily Values are based on a diet of other people's secrets.
**Daily Value not established.
Speak with your doctor to determine if the updated AREDS 2 formula is right for you.



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OK...what to think about Zinc?

- Is it friend or foe?
- It is necessary for general body function?
- What did AREDS1 say?
- What did AREDS2 say?
- What do we know about the genetics of zinc?



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The Accumulation of Zinc studies..

- Several by the Awh group: all same conclusion of efficacy of genetic testing and importance
- Several by the Chew group: All same conclusion of lack of efficacy and unimportant
- Seddon et al. 12/16 BJO: Some importance in genetics driving response
- Vavvas et al. 1/18 PNAS: Genetics drives response to nutraceuticals
- Assel et al. 3/18 Ophth: Genetics don't matter

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CREST

Central Retinal Enrichment Supplementation Trials

- Impact of Supplemental AO on VF in non-advanced ARMD: Head-to-head randomized trial by Akuffo et al.
- 98 of 121 completed trial of AREDS2 low Z vs AREDS2 low Z w 10mg MZ
- Improvements in MPOD, CS, glare disability and reading speed statistically significant in both groups

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Ca in AMD

- Previously thought that Calcium may have negative affect
- AREDS1 data showed:
 - Highest vs lowest tertial of Ca has .73 HR of advanced AMD
 - GA HR .80
 - Central GA HR .64
 - NV AMD HR .70
 - *Unable to control for other confounding factors

Jama Ophth 2019



Good Carb: Bad Carb



Do particular dietary sources of carbohydrate influence glucose homeostasis, inflammation and risk of eye disease?

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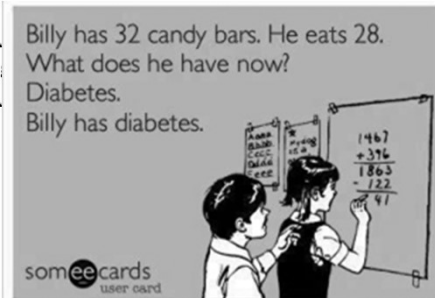
Are GI and GL Useful?

- Low GI food delay hunger, reduce caloric intake (*Lipids*. 2003;38(2): 117-21)
- Low dGI/dGL diets reduce fasting blood glucose, glycated protein and insulin resistance (*Am J Clin Nutr*. 2008 Jan;87(1):2585-2685)
- **High dGL and CHO intake increased mortality risk almost 50% in EPIC** (*PLoS One*. 2012;7(8): e43127. Epub 2012 Aug 23)
- **High dGI increases the risk of developing T2DM** (*Diab Technol Ther* 2006;8(1): 45-54) & **AMD (large drusen, GA, CNVM)** (*Am J Clin Nutr*. 2007;86(1): 180-8)

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There is more to Diabetes than sugar!

- Can w through
- Can w



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<p>Mean hsCR diabe!</p> <p>Δ fr</p> <p>Contra</p> <p>Color f</p> <p>5-2 Mf</p> <p>MPD</p> <p>LDL-C</p> <p>HDL-C</p> <p>TGs (n</p> <p>hsCRF</p> <p>HbA1c</p> <p>Foveal</p> <p>DPNS:</p>	<p>The Diabetes Visual Function Supplement Study (DVFUSS)</p> <p>A Paul Chou,¹ Stuart P. Richer,² Jeffrey D. Gerson,³ Ranu A. Kizilek,⁴</p> <p>ABSTRACT</p> <p>Background: Diabetes is known to affect visual function, but the extent of retinopathy-related visual dysfunction is not well understood. The purpose of this study was to evaluate the impact of diabetes on visual function in a large, population-based cohort.</p> <p>Methods: The study was a cross-sectional, controlled study of 10,000 subjects with type 1 and type 2 diabetes. The subjects were recruited from the National Health and Medical Research Council (NH&MRC) Australian Diabetes, Obesity and Lifestyle (AusDiab) Study.</p> <p>Results: The study found that subjects with type 1 and type 2 diabetes had significantly worse visual function compared to non-diabetic subjects. The subjects with type 1 diabetes had significantly worse visual function than the subjects with type 2 diabetes.</p> <p>Conclusion: The study found that subjects with type 1 and type 2 diabetes had significantly worse visual function compared to non-diabetic subjects. The subjects with type 1 diabetes had significantly worse visual function than the subjects with type 2 diabetes.</p>	<p>of</p> <p>le</p> <p>01</p> <p>02</p> <p>01</p> <p>01</p> <p>4</p> <p>5</p> <p>4</p>
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Fish Oil for DR

- New study showing benefit to 1:5 EPA:DHA
- Nuretin by PRN: A medical food

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Summary

- Nutrition IS a part of primary care optometry
- Nutrition can be easy (and doesn't have to be controversial)
- Prevention and early treatment are better than needing Diana's partners!

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Thank You

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