

Targeted delivery of dietary flavanols for optimal human cell function: Effects on cardiovascular health

SFRBM Annual Meeting, Pre-meeting Workshop II Flavanols in Health and Disease

Flavanol and Procyanidin Intake and Cardiovascular Health: Outcomes from Clinical Intervention Studies

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Flavanol research in humans

- Do flavanols enhance vascular function?
- Are flavanol effects age-dependent?
- Can flavanols be protective in CV disease?





Causality criteria

- 1. Vascular effects not attributable to confounders?
- 2. Flavanols absorbed and transported to vasculature?
- 3. Dose-responsiveness? Temporality?
- 4. Pure flavanol mimicking vascular effects?
- 5. Inhibition of mediator pathway attenuates vascular effects?
- 6. Withholding of flavanols reverses vascular effects?





1. Clinical trial standards control confounders

Randomized controlled trial (RCT) according to Good Clinical Practice (GCP)

- Subjects randomized to treatment
- Tested against placebo control
- Subjects and investigators **blinded** to allocation
- Relevant groups
- Sufficiently powered
- CONsolidated Standards Of Reporting Trials*

*http://www.consort-statement.org/





1. Clinical trial standards control confounders

Use accredited (surrogate) endpoints[#] —Blood pressure

-Endothelial function (FMD)

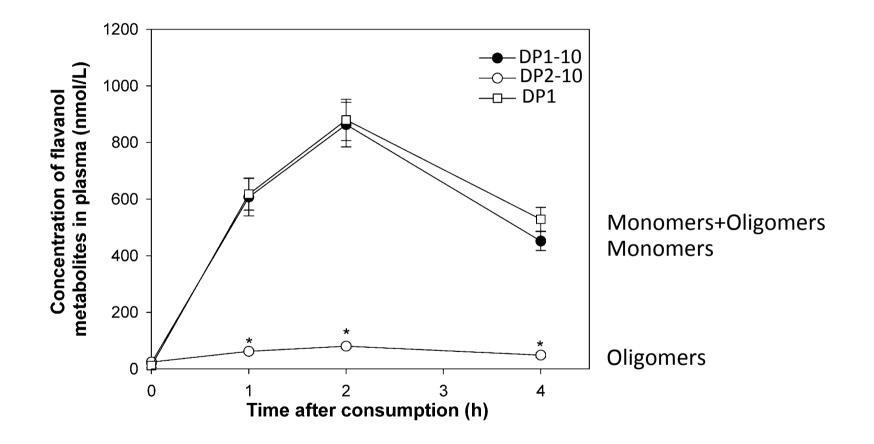
-Pulse wave velocity

#EFSA Journal 2011





2. Monomers, but not oligomers are absorbed and circulate primarily as metabolites



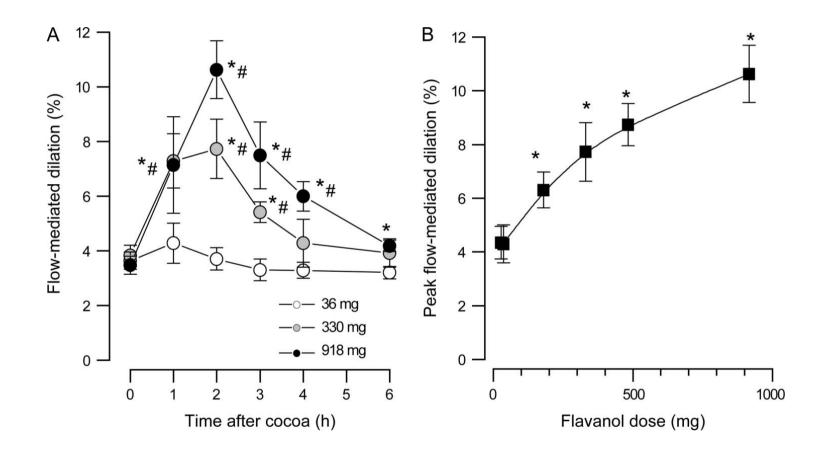
Ottaviani FRBM 2011

Ottaviani AJCN 2012





3. Dose-dependent improvement of endothelial function following flavanol-rich intervention

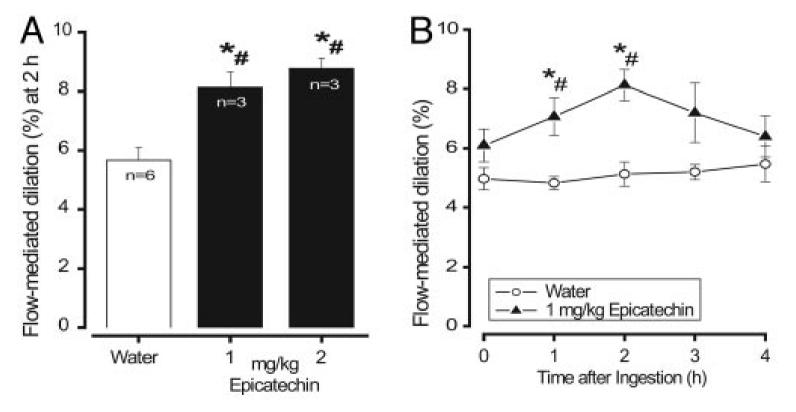


Heiss JAMA 2003, JACC 2005, JCVP 2007





4. Pure (-)-epicatechin acutely improves endothelial function

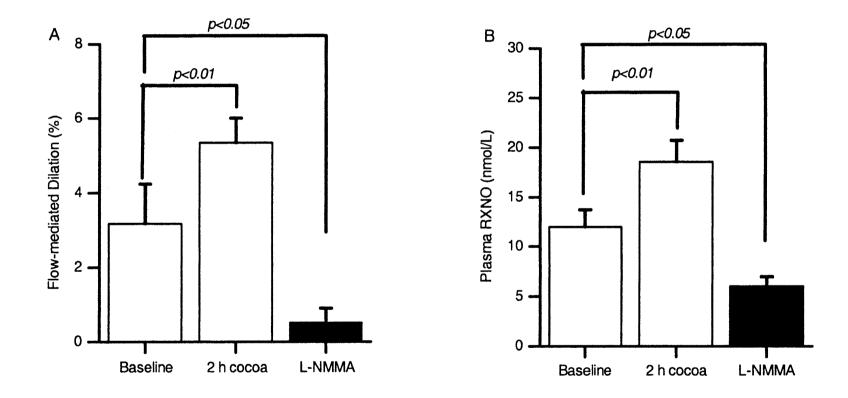


Schroeter PNAS 2006





5. Inhibition of NO Synthase by L-NMMA inhibits vascular effects of flavanols

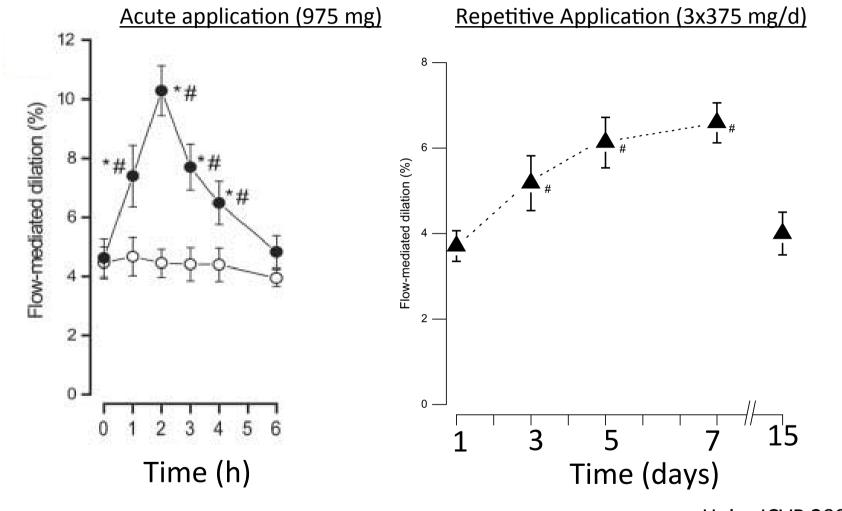


Heiss JACC 2005, Schroeter PNAS 2006





6. Withholding reverses vascular effects









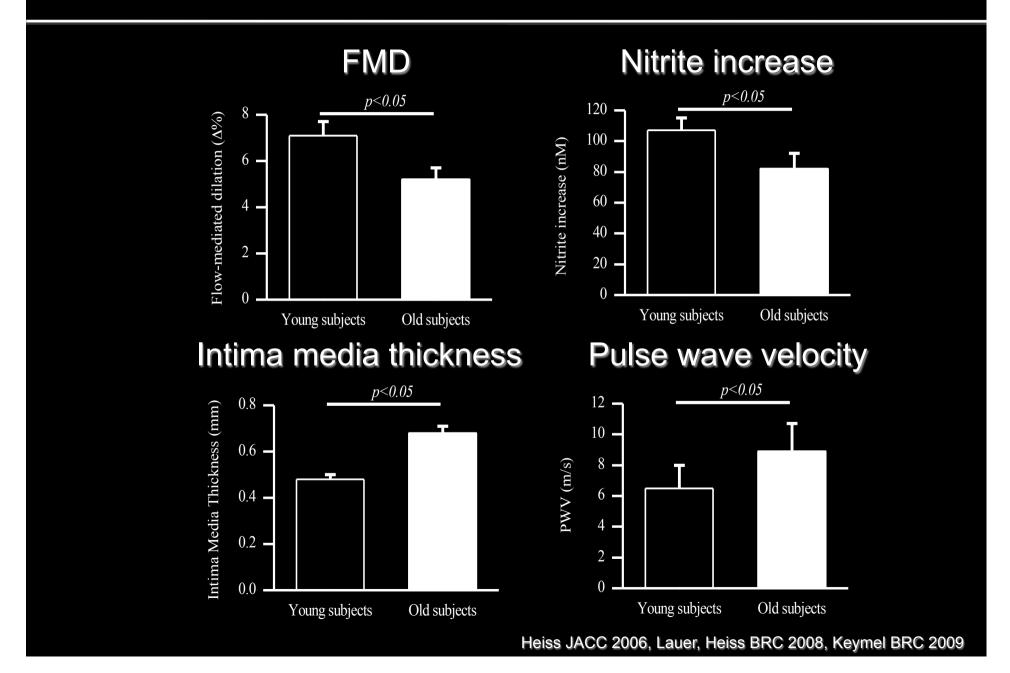
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Age-related vascular changes



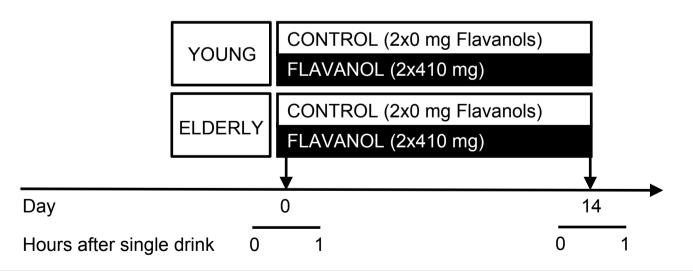
Study design: 4-armed randomized controlled double blind parallel group intervention study

Inclusion

- Healthy, male
- 18-30 (YOUNG)
- 50-80 (ELDERLY)
- BMI 23-30 kg/m²

Exclusion

- Cardiovascular disease (signs, symptoms, meds)
- Diabetes mellitus
- Smoking
- Acute inflammation
- Cardiac arrythmia
- Malignancies
- Heart failure
- Renal failure





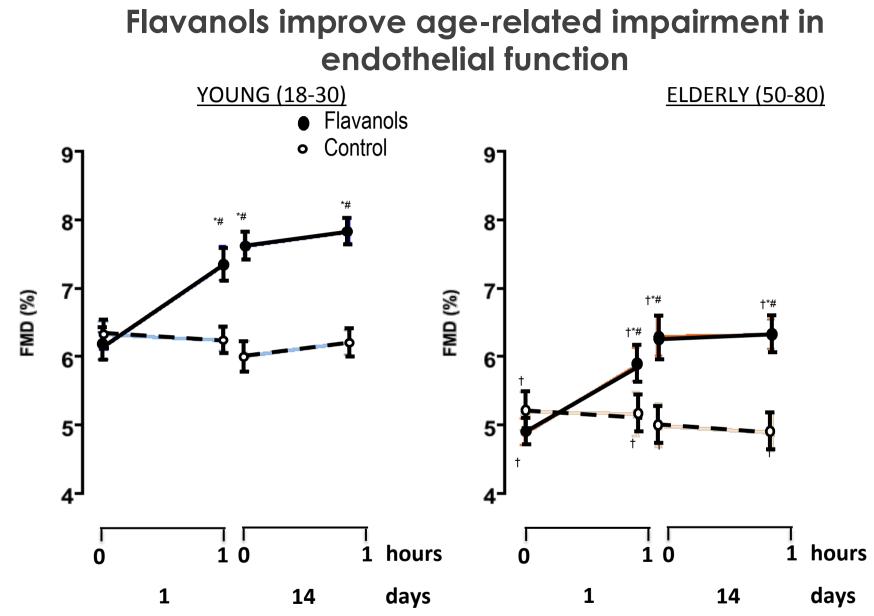


Subject characteristics

	YOUNG			ELDERLY			p-value
n	22			20			
Age (y)	26	±	3	60	±	7	<0.001
BMI (kg/m2)	24.9	±	3.0	26.5	±	3.0	0.013
Height (m)	1.83	±	0.06	1.81	±	0.04	0.453
Weight (kg)	81	±	10	88	±	11	0.079
Creatinine (mg/dl)	1.0	±	0.1	1.0	±	0.1	0.991
Total cholesterol (mg/dl)	184	±	33	225	±	32	<0.001
LDL cholesterol (mg/dl)	129	±	26	157	±	27	0.005
HDL cholesterol (mg/dl)	53	±	16	54	±	12	0.900
Triglycerides (mg/dl)	97	±	44	118	±	39	0.104
Fasting plasma glucose (mg/dl)	89	±	8	95	±	8	0.027
HbA1c (%)	4.8	±	1.1	4.6	±	2.0	0.554
SBP (mmHg)	120	±	9	131	±	11	0.006
DBP (mmHg)	77	±	7	82	±	9	0.011
HR (bpm)	56	±	7	56	±	7	0.908
CRP (mg/dl)	0.1	±	0.2	0.1	±	0.2	0.692
Hb (mg/dl)	15.3	±	1.0	15.4	±	1.1	0.721
Leucocytes (1000/ul)	5.5	±	1.3	5.8	±	1.4	0.489
Smoking history		0			0		
Medication		0			0		
				MV	±	SD	







* p<0.05 vs. 0 h, day 1 baseline, # p<0.05 vs. Control drink, † p< 0.05 vs. Young





FLAVIOLA Health Study

- **Aims**: General applicability, larger population at increased cardiovascular risk, in the context of cardiovascular health, and identify influencing factors
- **Study Design**: 2-armed, randomized controlled parallel-group study
- Sample Size: n=100
- **Study Population:** middle-aged, male, healthy subjects
- End points 1° Endothelial function
 - 2° blood pressure, cholesterol, glucose
 - 3° Exploratory end points
- 1 month Intervention
 - » Flavanol intervention 2x410 mg
 - » Flavanol free control



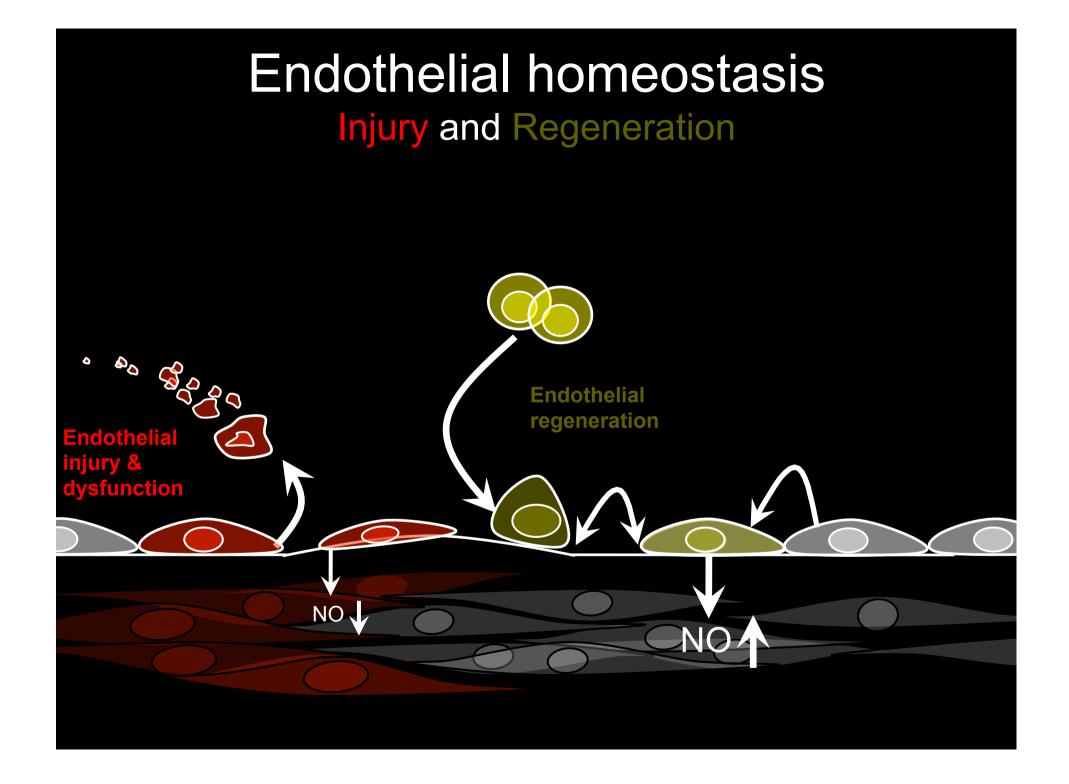


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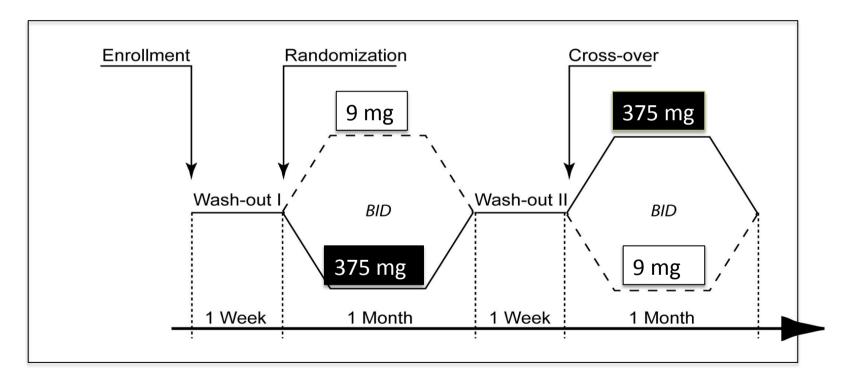




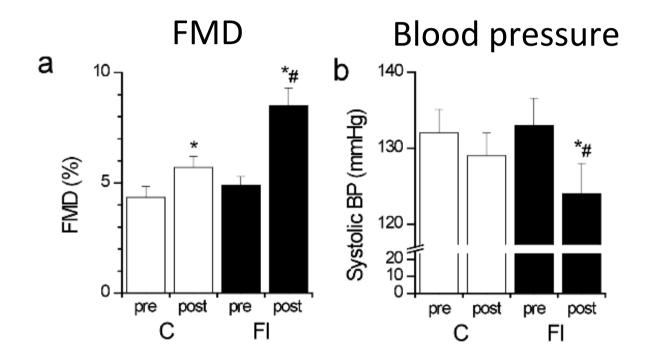


Study design

- Randomized controlled crossover double blinded trial
- N=16 Patients with coronary artery disease on optimal medical therapy
- **30 days** <u>high flavanol intervention (2 x 375 mg/d)</u> & <u>low flavanol control (2 x 9 mg/d)</u>



Flavanol intervention reverses endothelial dysfunction in CAD patients



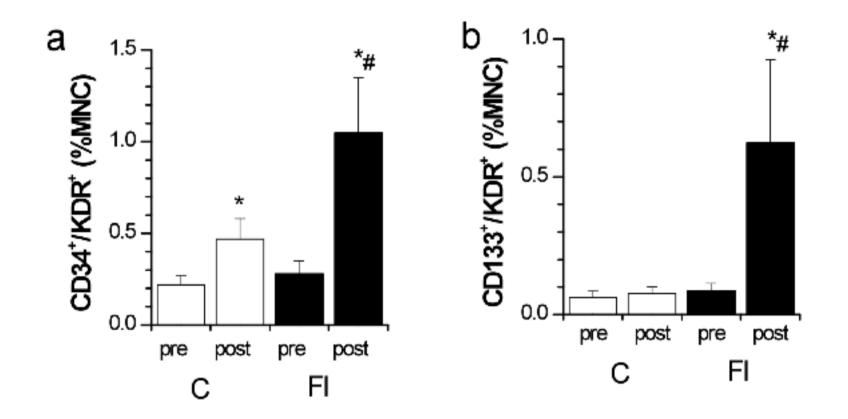
FI high flavanol interventions (2x375 mg 30d) C low flavanol control (2x9 mg 30 d)

* p<0^.05 vs respective pre, # p<0.05 vs C





Flavanol intervention mobilizes functional CACs



Heiss JACC 2010





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Clinical intervention studies

Conclusion

Flavanols and their metabolites are vasoactive in young, elderly, healthy and diseased humans





Clinical intervention studies

Conclusion

Flavanols and their metabolites are vasoactive in young, elderly, healthy and diseased subjects

Perspectives

Flavanols and their metabolites harbor vasculoprotective potential for primary and secondary CVD prevention









Take-home Message: *Flavanols Session*

- •, Bioactives ' rather than (only), Antioxidants '
- •Active Compounds: Flavanol Metabolites from Monomer, (-)-Epicatechin; Oligomers (Procyanidins) do NOT contribute
- *Epidemiology:* blood pressure lowering in human intervention studies at >50 mg flavanol (monomer)/day





• *Mechanism of Action*: prooxidant enzymes, reactive oxygen species (*in vitro*, cell culture expts); inflammatory markers; master switches: *Nrf2*, *NFkappaB*

• Cardiovascular Health:

Flavanols and metabolites vasoactive are vasoactive in young, elderly, healthy and diseased subjects

•Flavanols and their metabolites harbor vasoprotective potential for primary and secondary CVD prevention





FLAVIOLA international workshop on Flavanols in Cardiovascular Health

Brussels, 24 January 2012

www.flaviola.org/project/events/workshop/index.php



