

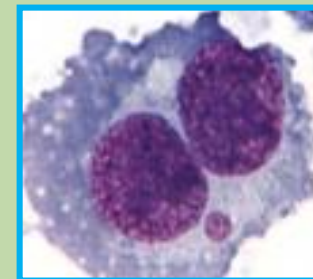


# Final Conference of the NutriAging project

Insights into chromosomal instability and vitamin D supplementation in older adults



Presentation by Agnes Draxler  
Wagner Working group  
Department of Nutritional Sciences, Vienna  
20/21 September 2022, in Bratislava





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# What to be expected in this talk...

Introduction into aging and its relevance

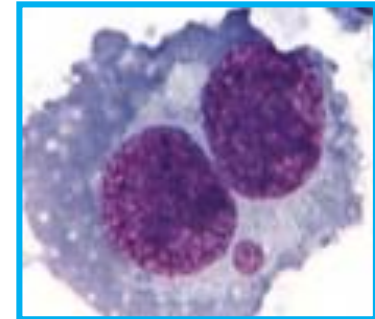
The meaning of chromosomal stability

Micronuclei frequency as a potential biomarker for...

Methodology – The CBMN assay

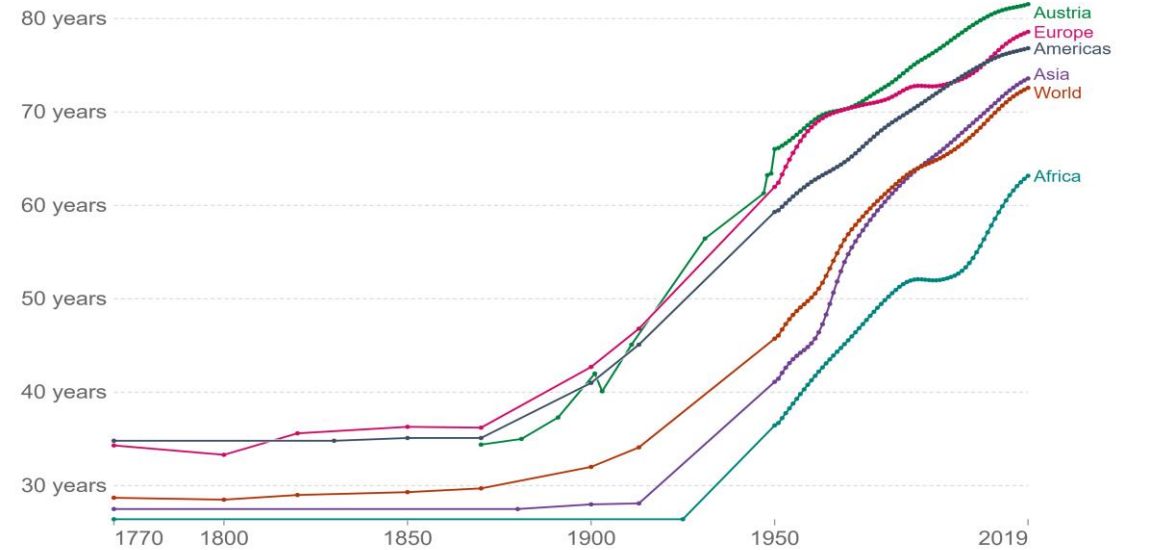
Results

Summary and Conclusions about findings



# Introduction

Life expectancy, 1770 to 2019

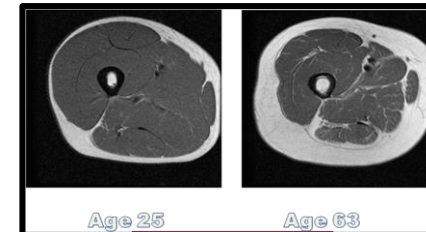


Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)  
Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.

## Noncommunicable diseases



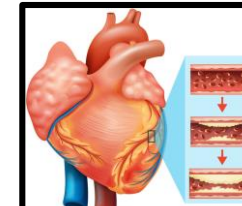
Diabetes M. Type2



Sarcopenia



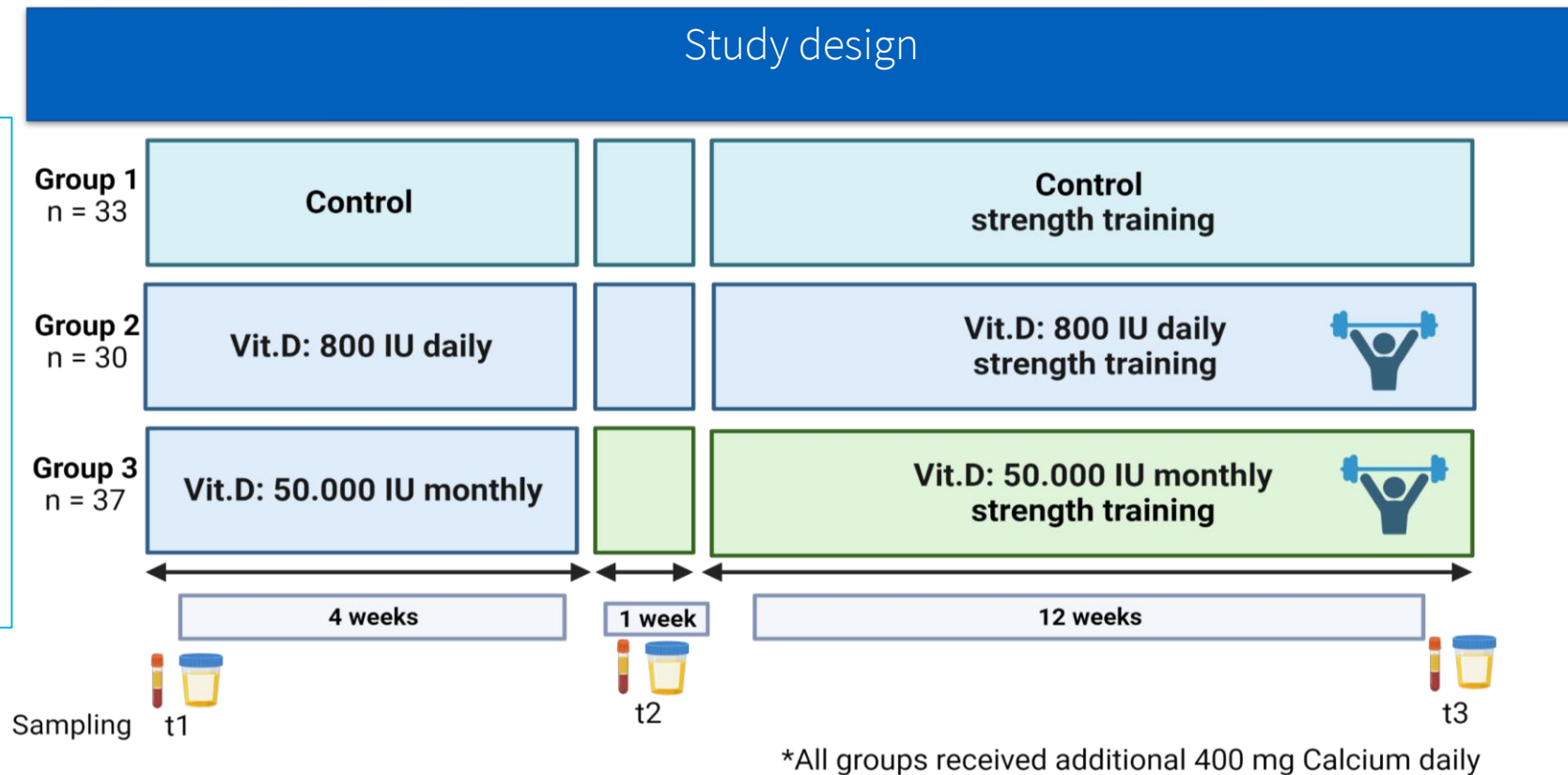
Cancers



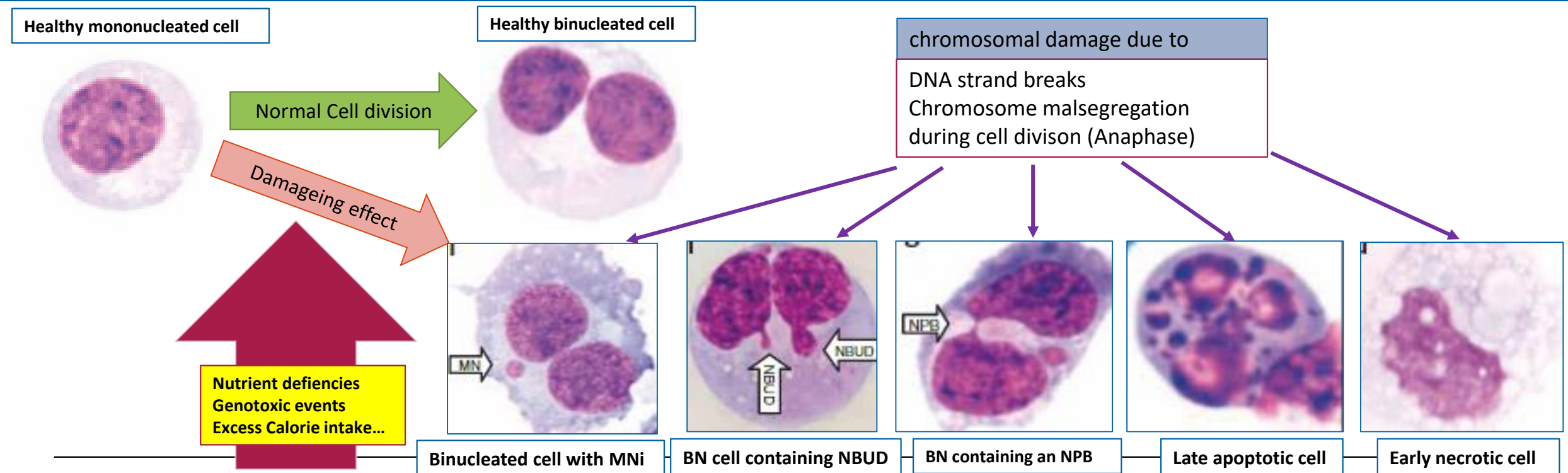
Cardiovascular diseases

Additional years in old age are **not always** years in good health  
**NCD** are the leading cause for additional years in disability in older adults

- 100 participants aged between 65 and 85 years
- completely healthy community-dwelling pensioners
- physically inactive (no sports prior to the intervention)
- divided into 3 groups



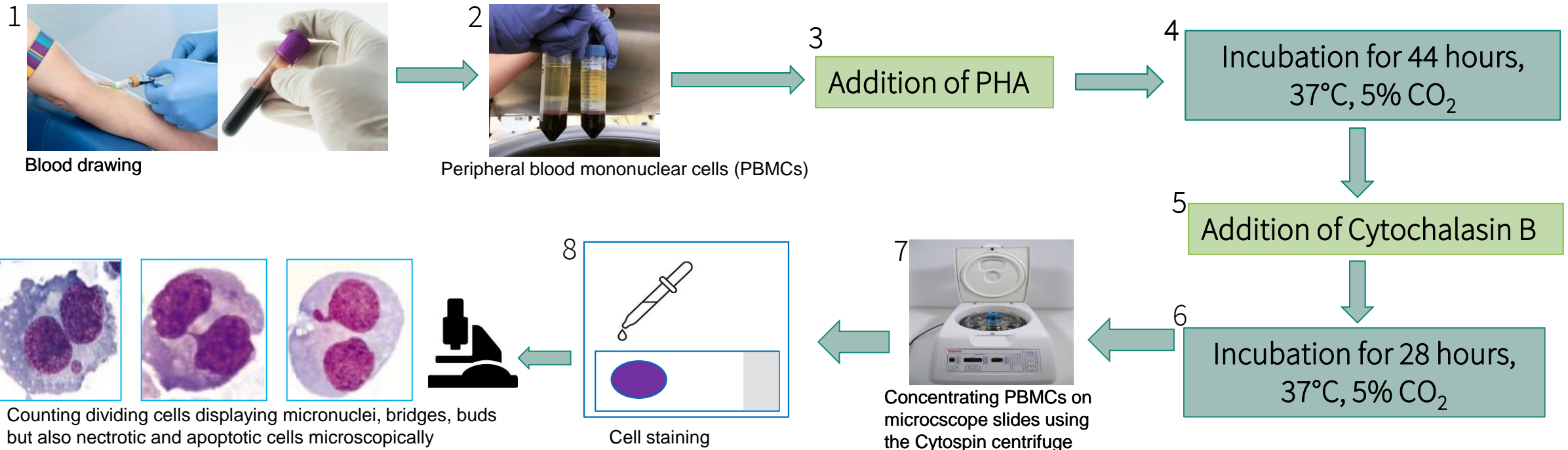
# Parameters for chromosomal stability





# Main methodology

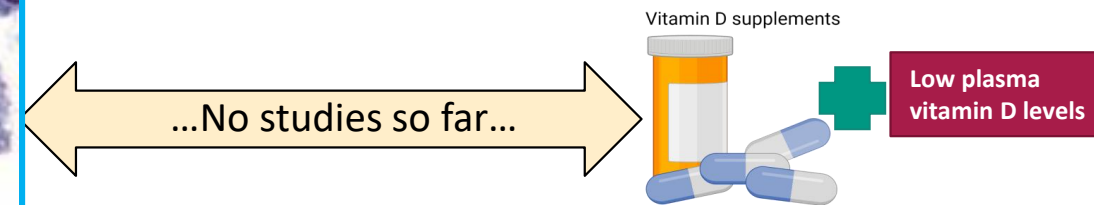
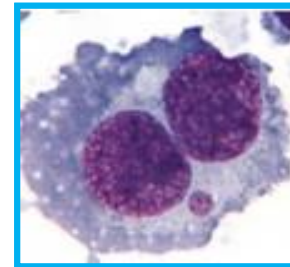
## Cytokinesis-block micronucleus (CBMN) assay



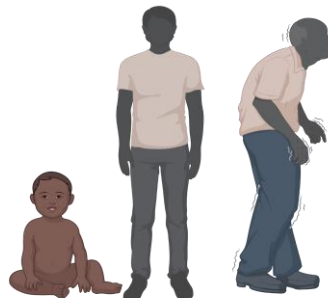
# Vitamin D deficiency and low physical inactivity ....

considered as driving factors for **genomic instability**, expressed as the **frequency of micronuclei**

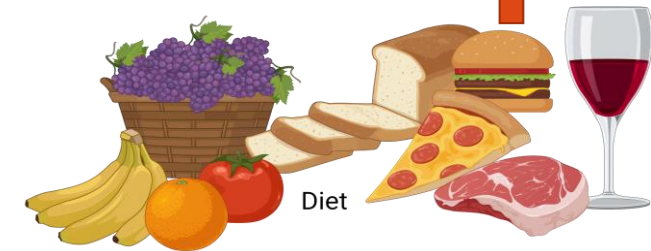
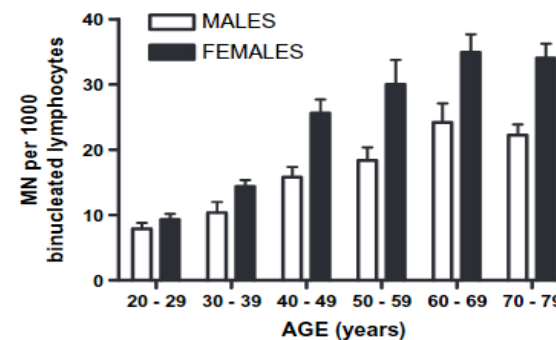
➤ other factors that influence Micronuclei frequency:



Physical activity

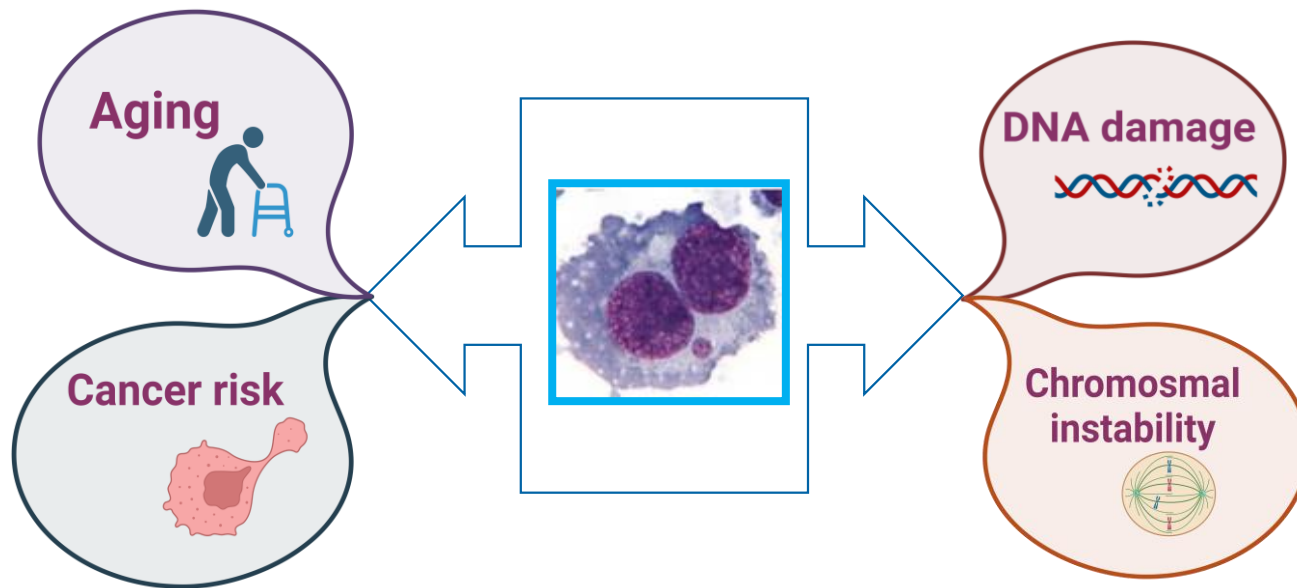


Age



Diet

# Micronuclei frequency is a potential biomarker for

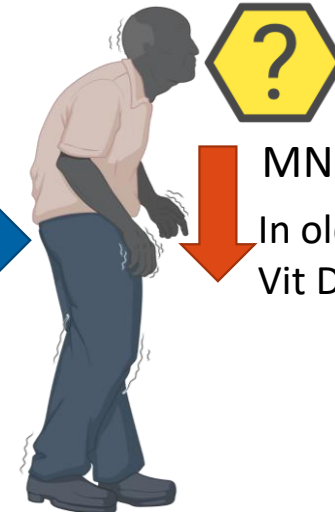


## Hypothesis

Vitamin D supplements



Physical activity



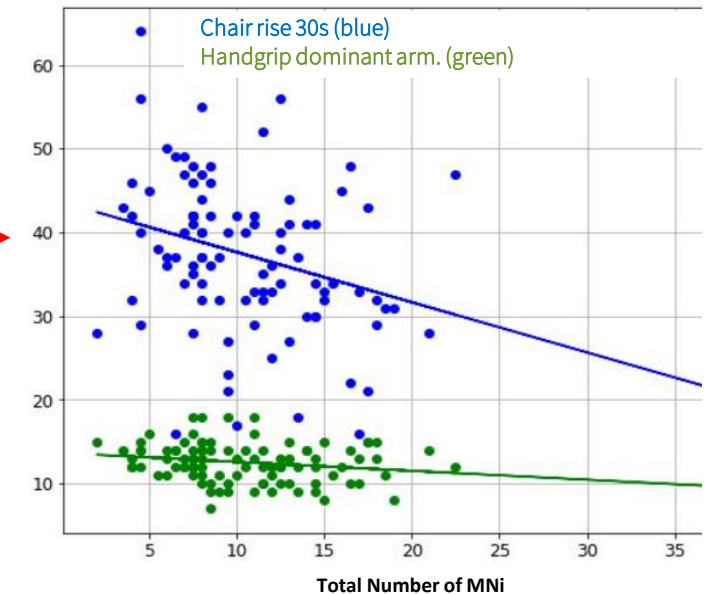
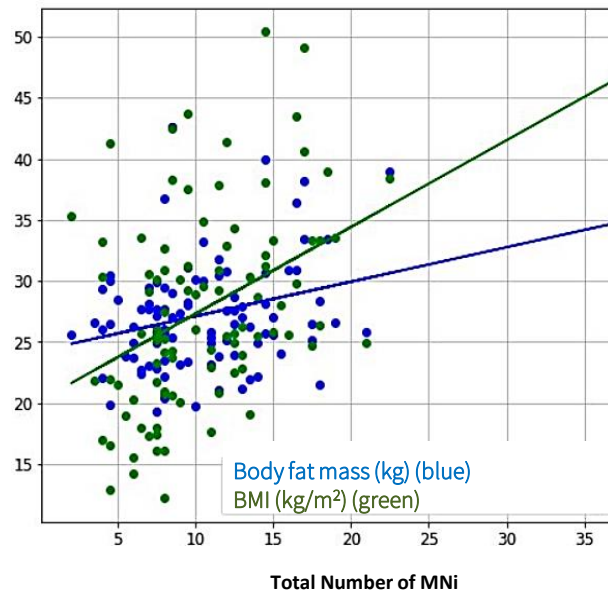
MNi frequency  
In older people with  
Vit D deficiency



# Results: baseline correlations

**Table 3:** Correlations between CBMN parameters and health related biomarker at baseline (n = 100)

Parameters	Total number of MNi (per 1000 BN cells)	
	r	p-value
<b>Body composition</b>		
BMI (kg/m <sup>2</sup> )	0.311**	0.002
Waist to Hip Ratio	-.205*	0.044
Muscle mass[kg]	-0.221*	0.012
Body fat [kg]	0.372**	<0.001
Body fat [%]	0.433**	<0.001
<b>Functional parameters</b>		
Armcurl dominant arm 30s	-0.242*	0.012
Timed up and go [s]	0.245*	0.015
6-minute-walking test [m]	-0.262**	0.010
Chair-rise 30s	-0.256*	0.019
Handgrip arm dominant	-0.282**	0.005
<b>Blood parameters</b>		
Erythrocytes [T/l]	-0.264**	0.009
Haemoglobin [g/dl]	-.345**	0.001
Haematocrit [%]	-0.309**	0.002
CRP [mg/l]	0.125	0.196
hs_Troponin [ng/L]	-0.196	0.054
Creatinin [mg/dl]	-0.215*	0.034



\*\* The correlation is significant at the level of 0.01 (2-sided).

\* The correlation is significant at the level of 0.05 (2-sided).

# Baseline parameters: males vs. females

Parameter	All	Men	Women	p-value
Subjects (n)	100	67	33	
	Mean ± SD	Mean ± SD	Mean ± SD	
Age (years)	70.63±4.54	70.33±4.47	71.24±4.68	0.397
Vitamin D serum level (ng/ml)	22.83±5.52	22.42±5.82	23.66±4.82	0.174
<b>CBMN parameter</b>				
Cells with MNI (per 1000 BN cells)	10.71±5.25	9.18±3.91	13.68±6.22	<b>&lt;0.001</b>
Total number of MNI (per 1000 BN cells)	11.86±5.92	10.29±4.58	14.89±7.03	<b>&lt;0.001</b>
Nuclear buds	2.62±1.67	2.6±1.71	2.67±1.62	0.713
Nucleoplasmic bridges	1.04±1.08	1.05±1.02	1±1.21	0.55
Apoptotic cells	6.06±5.52	6.88±5.94	4.47±4.23	<b>&lt;0.001</b>
Necrotic cells	3.85±2.89	4±2.97	3.55±2.75	0.388
NDI	1.7±0.23	1.75±0.25	1.62±0.12	<b>0.002</b>

Females displayed higher levels of Mni at baseline than males which is consistent with other studies

Data are presented as means±standard deviation, p-values are calculated using Mann-Whitney U test and chi-square for measuring gender differences, significant differences are highlighted with bold numbers.

# Baseline: Median Mni frequency

**Table 2:** Baseline characteristics based on the 50. percentile cut-off for the total micronucleus frequency

Parameter	All n = 97 Mean±SD	< Median of total MNi n = 48 Mean ± SD	> Median of total MNi n = 49 Mean ± SD	p-value
<b>CBMN parameter</b>				
Cells with MNi (per 1000 BN cells)	10.71±5.25	6.97±1.84	14.38±4.90	<0.001
Total number of MNi (per 1000 BN cells)	11.86±5.92	7.60±1.84	16.02±5.56	<0.001
Nuclear buds	2.62±1.67	2.35±1.69	2.89±1.63	0.077
Nucleoplasmic bridges	1.04±1.08	0.94±1.03	1.13±1.13	0.279
Apoptotic cells	6.06±5.52	6.47±6.48	5.65±4.41	0.862
Necrotic cells	3.85±2.89	3.89±2.97	3.81±2.83	0.916
NDI	1.70±0.23	1.70±0.19	1.71±0.26	0.931

Data are presented as mean±standard deviation. P-values ( $p < 0.05$ ) were calculated using the Man-Whitney U test based on the median at 10. P-value = 0.05.

Subjects that showed lower Mni levels than the Mni Median (= total Mni of 10) displayed also:

- lower body fat (kg)
- lower BMI
- Performed better in functional testings including
  - Arm-curl test
  - Chair-rise test
  - Hand-grip test

# Intervention effects on MNi

Table 4: Development of CBMN parameter and important blood biomarker after vitamin D intervention and resistance training (n=67)

Parameter	Group	Mean±SD			p-value	p-value		
		T1	T2	T3	Friedman	T1-T2	T1-T3	T2-T3
CBMN parameters								
Cells with MNI (per 1000 BN cells)	CON	10.41±3.94	10.27±6.50	12.82±6.23	<0.001	0.383	0.027	0.008
	Vit.D daily	11.43±8.18	9.02±6.10	11.60±4.15	0.041	0.11	0.313	0.039
	Vit.D monthly	10.60±3.89	9.02±3.54	14.00±6.76	<0.001	0.049	0.001	0.001
Total number of MNI (per 1000 BN cells)	CON	11.36±4.33	11.25±7.4	14.45±7.22	0.002	0.413	0.025	0.005
	Vit.D daily	12.48±9.16	10.02±6.76	13.33±5.28	0.03	0.217	0.179	0.047
	Vit.D monthly	11.77±4.51	10.27±4.75	16.06±7.81	<0.001	0.059	<0.001	0.001
Nuclear buds	CON	2.75±1.35	3.5±1.79	2.93±2.36	0.102	0.054	0.919	0.143
	Vit.D daily	2.81±2.09	3.76±2.25	2.67±1.93	0.047	0.098	0.793	0.055
	Vit.D monthly	2.46±1.44	3.92±2.76	2.58±1.32	0.033	0.014	1.000	0.014
Nucleoplasmic bridges	CON	1.02±0.91	0.77±0.75	0.73±0.86	0.343	0.463	0.269	0.715
	Vit.D daily	1.31±1.44	0.43±0.43	1.00±0.69	0.013	0.009	0.344	0.004
	Vit.D monthly	0.77±0.92	0.88±0.80	0.54±0.72	0.107	0.734	0.228	0.05
Apoptotic cells	CON	5.20±4.23	6.18±4.62	8.11±6.37	0.063	0.154	0.048	0.071
	Vit.D daily	5.40±4.24	9.67±8.84	7.48±5.02	0.089	0.117	0.013	0.525
	Vit.D monthly	7.38±6.97	6.98±7.17	7.98±3.97	0.314	0.943	0.338	0.223
Necrotic cells	CON	3.70±2.70	4.16±2.25	4.89±3.98	0.825	0.464	0.286	0.564
	Vit.D daily	3.64±2.94	5.26±4.51	5.71±4.05	0.088	0.172	0.01	0.588
	Vit.D monthly	5.00±3.60	3.71±2.83	3.19±2.37	0.153	0.143	0.048	0.519
Nuclear Division Index	CON	1.70±0.36	1.66±0.17	1.77±0.27	0.861	0.627	0.445	0.101
	Vit.D daily	1.72±0.10	1.70±0.38	1.78±0.34	0.827	0.848	0.375	0.339
	Vit.D monthly	1.69±0.20	1.64±0.14	1.68±0.19	0.325	0.317	0.458	0.361

## Blood parameters after intervention

Vitamin D serum level (ng/ml)	CON	11.36±4.33	11.25±7.4	14.45±7.22	0.002	0.413	0.025	0.005
	Vit.D daily	20.81±4.82	21.19±5.13	23.64±8.29	0.97	0.685	0.088	0.123
	Vit.D monthly	23.93±6.00	24.36±6.63	28.02±7.61	0.01	0.444	0.023	0.025

Data are presented as mean±standard deviation. P-values (p < 0.05) were calculated using the Man-Whitney U test based on the median at the value 10 . P-value = 0.005 (Bonferoni corrected)

Increase of MNi frequency in all study groups at the end of intervention

# Summary and Conclusions

- Micronucleus frequency correlated positively with anthropometric parameters such as BMI ( $R = 0.311^*$ ) and body fat mass ( $R = 0.372^*$ ) at baseline.
- Additionally, we observed negative correlations with various functional parameters with Mni frequency, such as the 6-minute walking test ( $R = -0.262^*$ ).

## Intervention effects:

- In older adults with low plasma vitamin D levels, we could not detect significant intervention effects due to different vitamin D supplementation dosages (800 IU daily vs. 50.000 IU monthly vs. control) when it comes to chromosomal instability.
- Interestingly, strength training slightly increased the MNi frequency in all groups.



# Some pictures of measurements and the training



This picture shows study participants undertaking their supervised resistance exercise twice per week.



**f.l.t.r. Agnes Draxler, Patrick Zöhrer, Sandra Unterberger, Rudolf Aschauer, Bernhard Franzke, Laura Bragagna, and many more**

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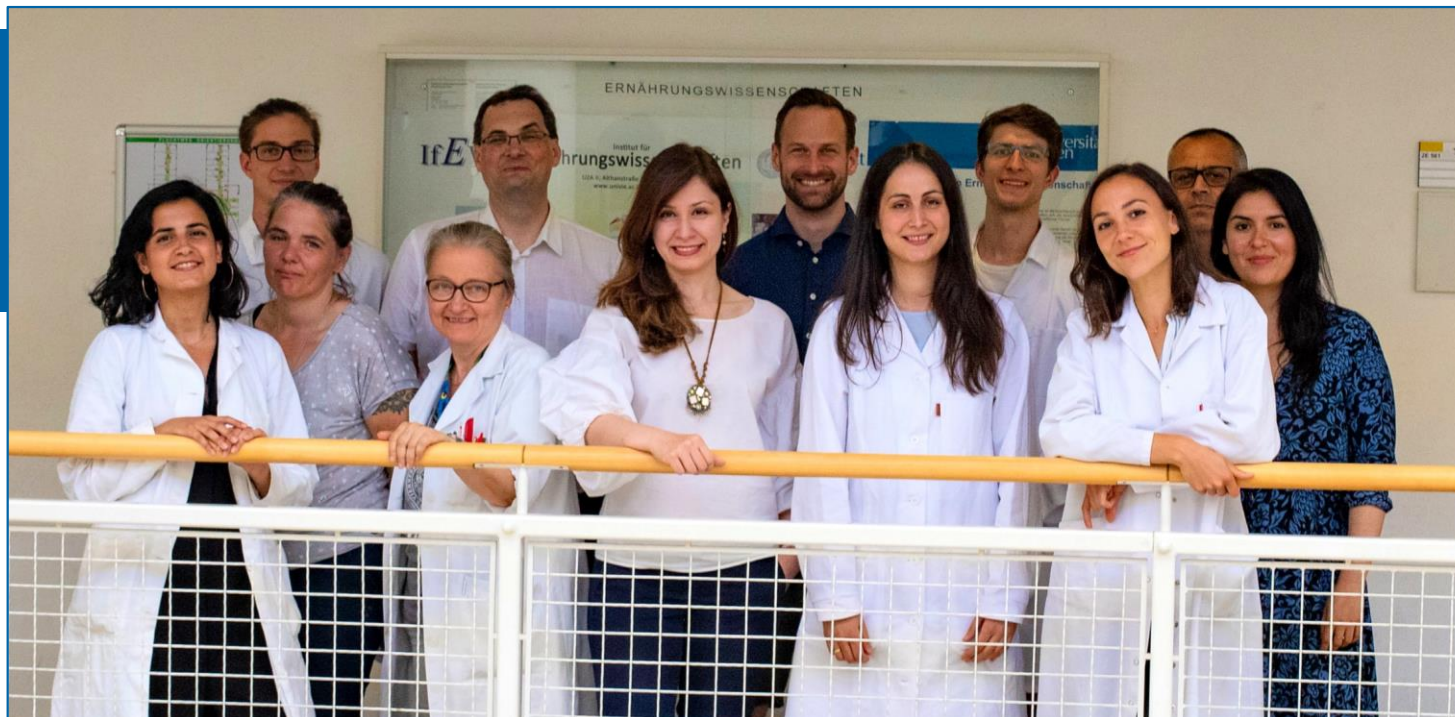




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