

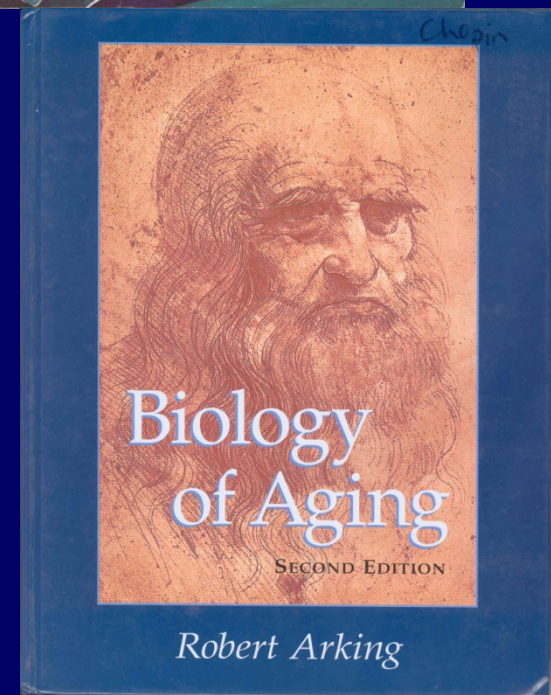
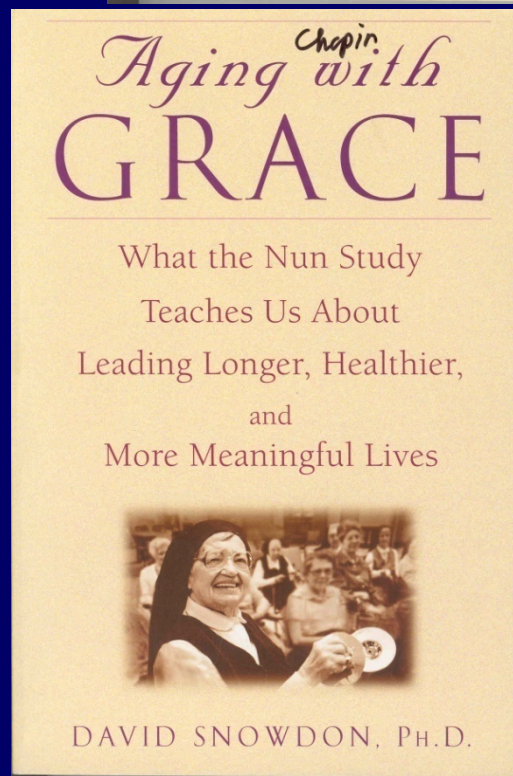
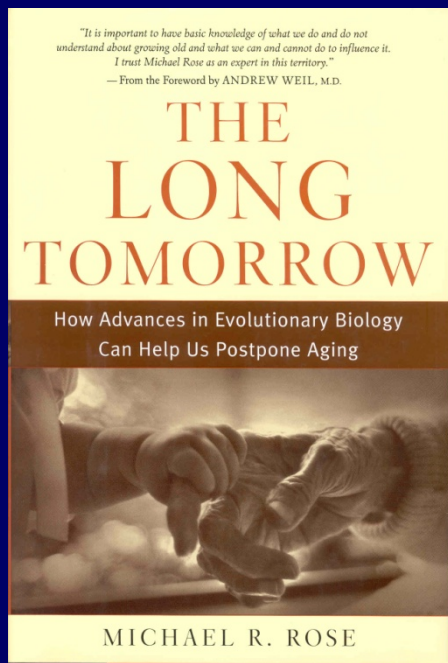
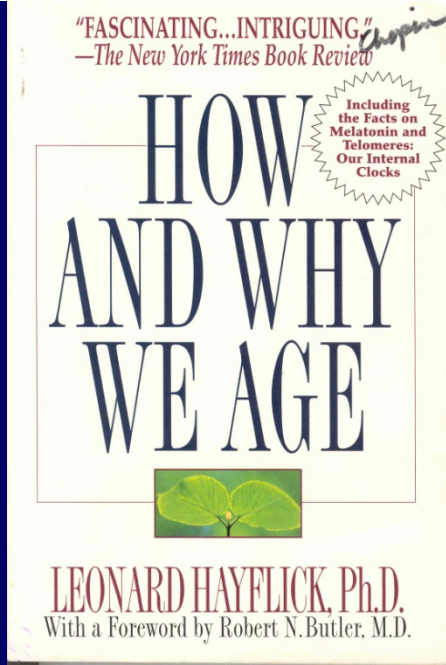
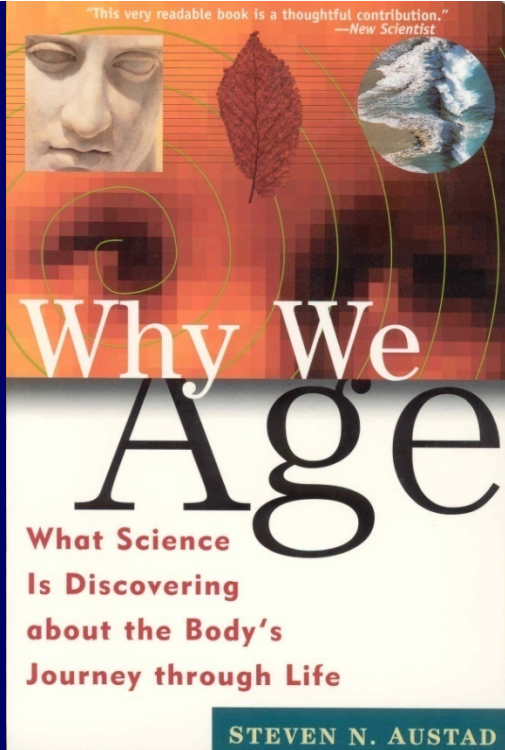
Convegno Nazionale E.C.M.

NUTRIZIONE E MALNUTRIZIONE NELL'ANZIANO



Stress ossidativo e invecchiamento

=====
Gianluigi Vendemiale



THEORIES OF AGING

Cross Linkage

Neuroendocrine

Immune

Telomeres

Genetic

Somatic Mutation

Oxidative Damage

Waste accumulation/Lipofuscin

THEORIES OF AGING

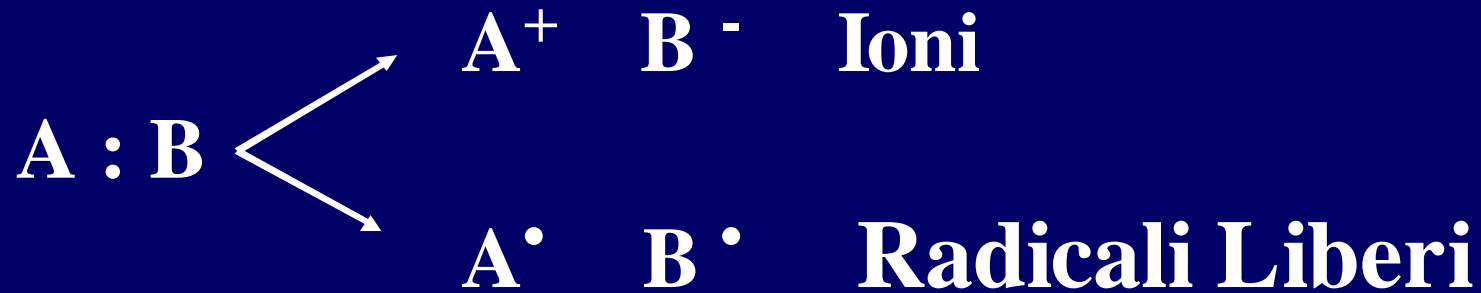
The Free Radical Theory of Aging
D. Harman 1956

Repair

• Genetic

(Hayflick and Moorhead, 1961)

RADICALI LIBERI

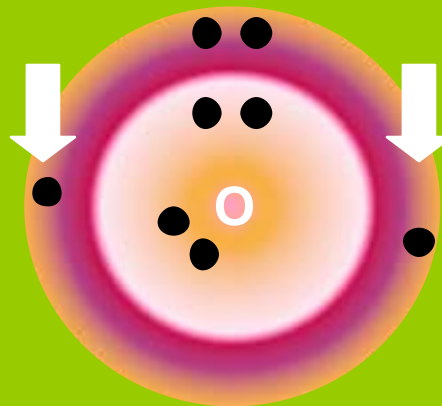


Atomi o molecole con un elettrone
spaiato nell'orbitale esterno

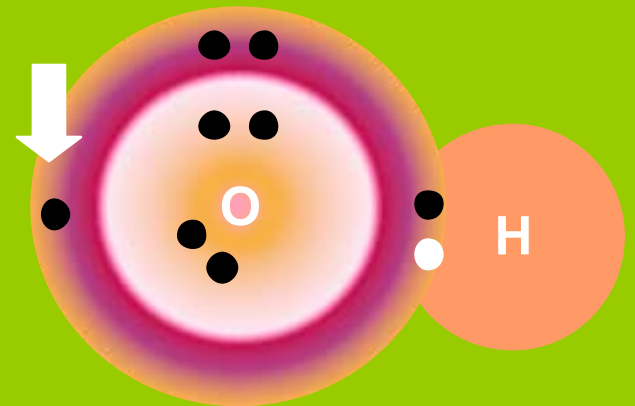
Specie chimiche radicaliche



L'atomo di Ne
Solo elettroni appaiati
Atomo (stabile)



L'atomo di O
Due elettroni spaiati



Il radicale idrossile (HO·)
Un elettrone spaiato

Radicali liberi dell'ossigeno (instabili)

I radicali liberi, al contrario degli atomi, possiedono *sempre* elettroni spaiati

Formazione dei RL

Reattiva → **Difese organiche**

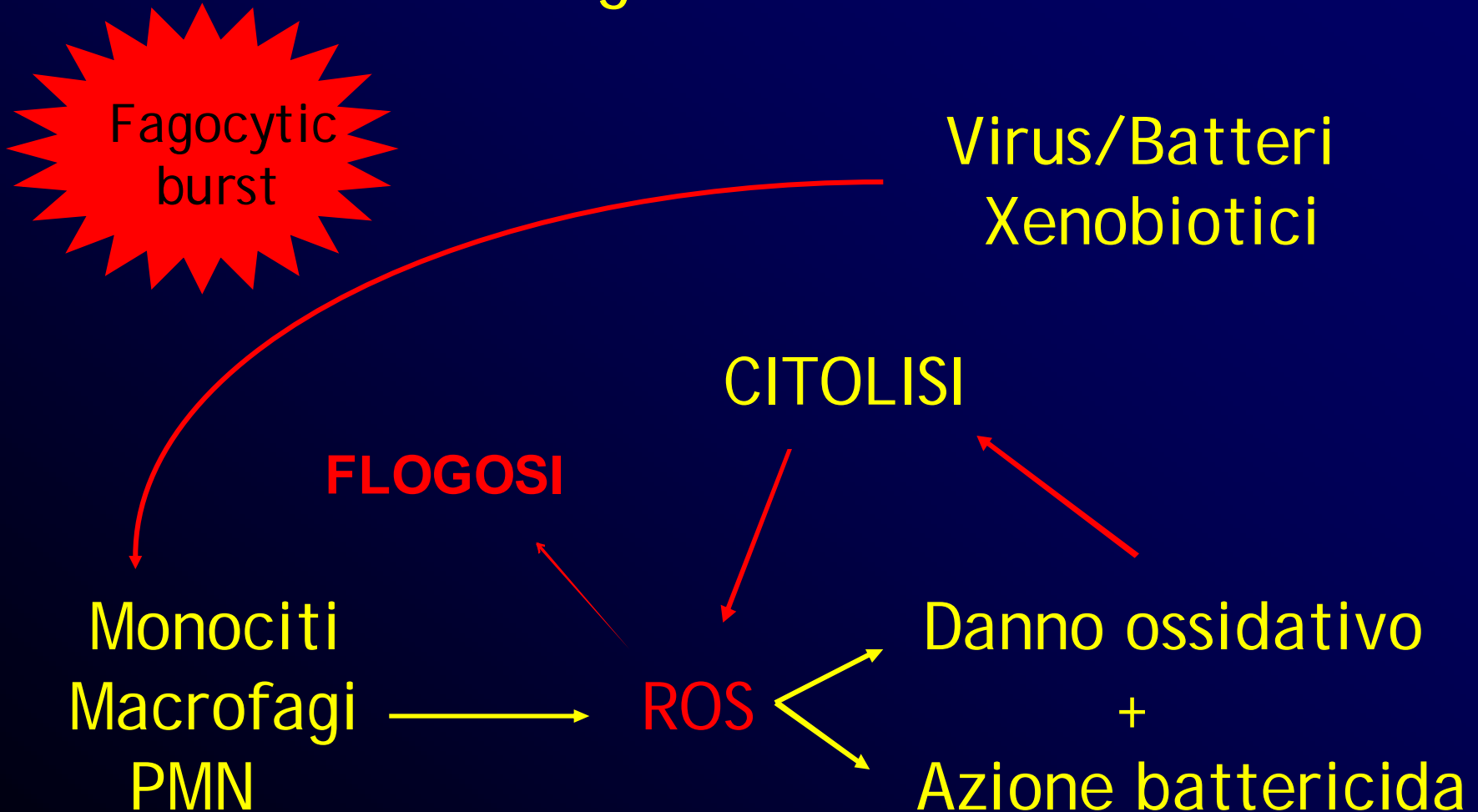
Energetica → **Radiazioni**

Ipossica → **Ischemia/Riperfusione**

Metabolica → **Ossigeno**

Formazione dei RL

Reattiva: difese organiche



FENOMENO ISCHEMIA/RIPERFUSIONE

ISCHEMIA

ATP

ADENOSINA

IPOXANTINA

XANTINA-OX

XANTINA

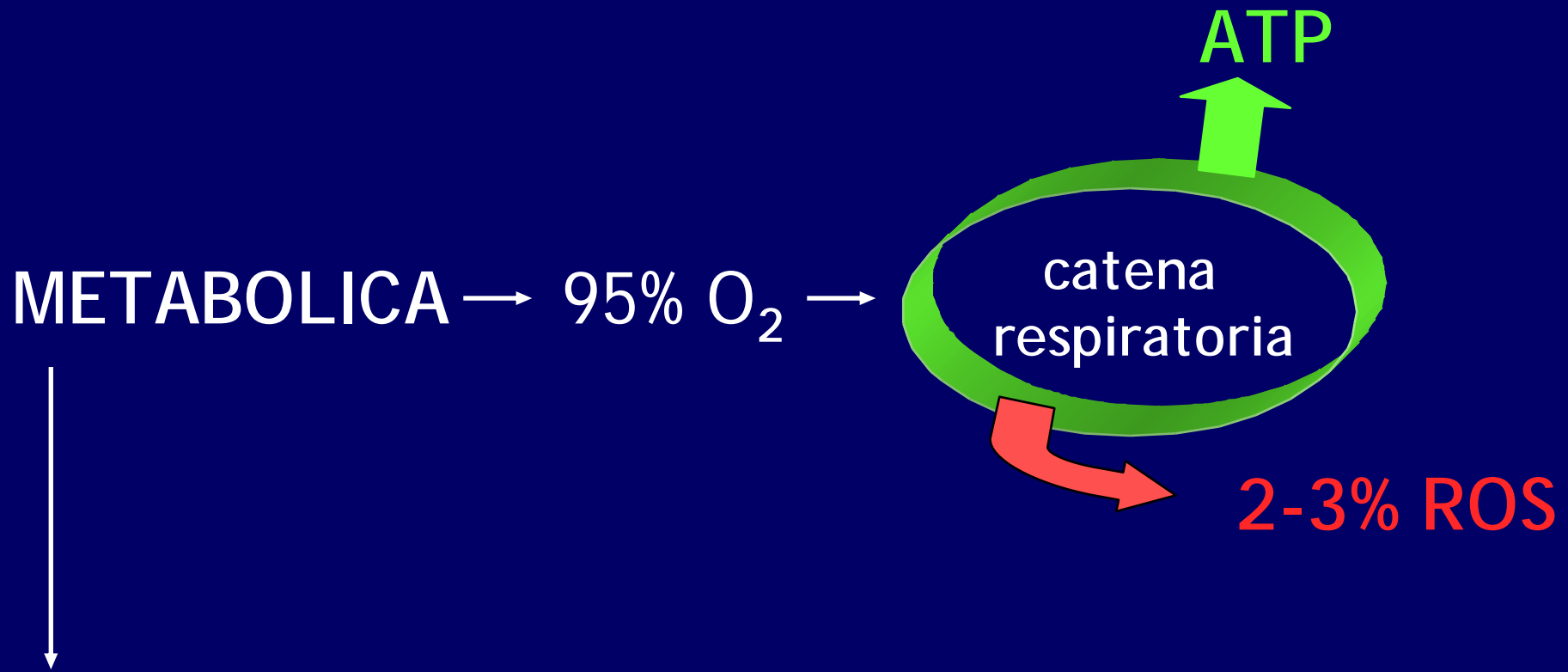
RIPERFUSIONE

Lipoperossidazione
Citolisi
Permeabilità vasale

$O_2\cdot$ H_2O_2 $OH\cdot$

O_2

Formazione dei RL



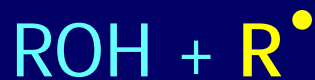
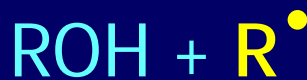
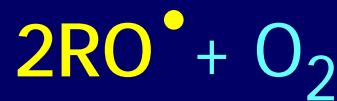
AUTOSSIDAZIONE/PEROSSIDAZIONE



Ossidazione di materiale organico con ossigeno atmosferico



REAZIONE A CATENA



The Free Radical Theory of Ageing

L'invecchiamento cellulare è "il prodotto della serie di reazioni ossidative di natura radicalica cui si è necessariamente esposti per il semplice fatto di utilizzare l'ossigeno....la longevità dipende dall'efficienza dei sistemi di protezione antiossidante"

Harman D. J Gerontol 1956

RADICALI LIBERI

PUFA

DNA

RNA

Proteine e
Enzimi

Lipoperossidazione

Alterazioni del DNA

Alterazioni dell'RNA

Alterazioni Proteiche
ed Enzimatiche

Perdita del controllo temporale
della funzione genica

Danno morfo/funzionale
cellulare

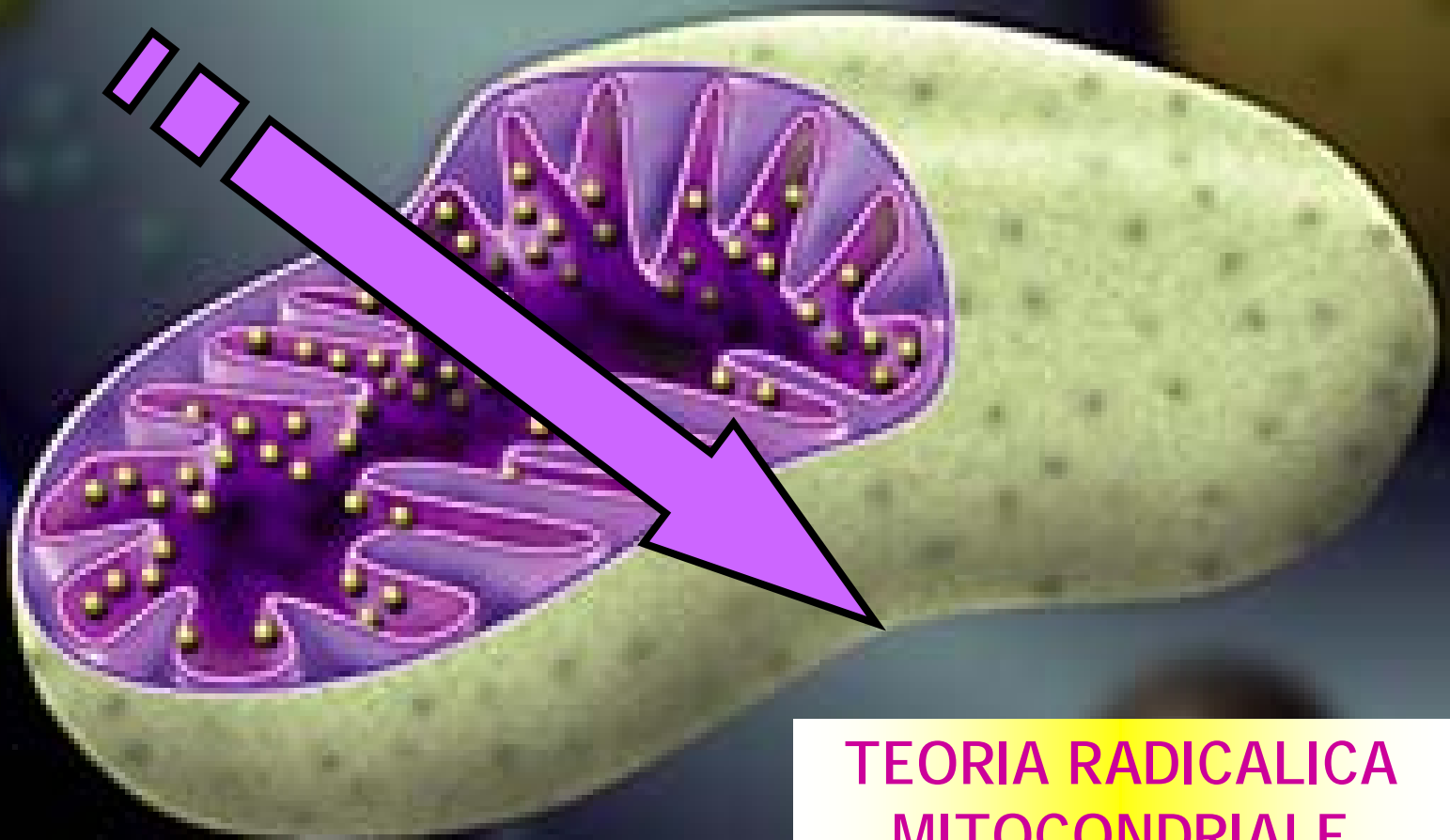
Alterazione della risposta
immunologica

Eccesso di
specifiche proteine

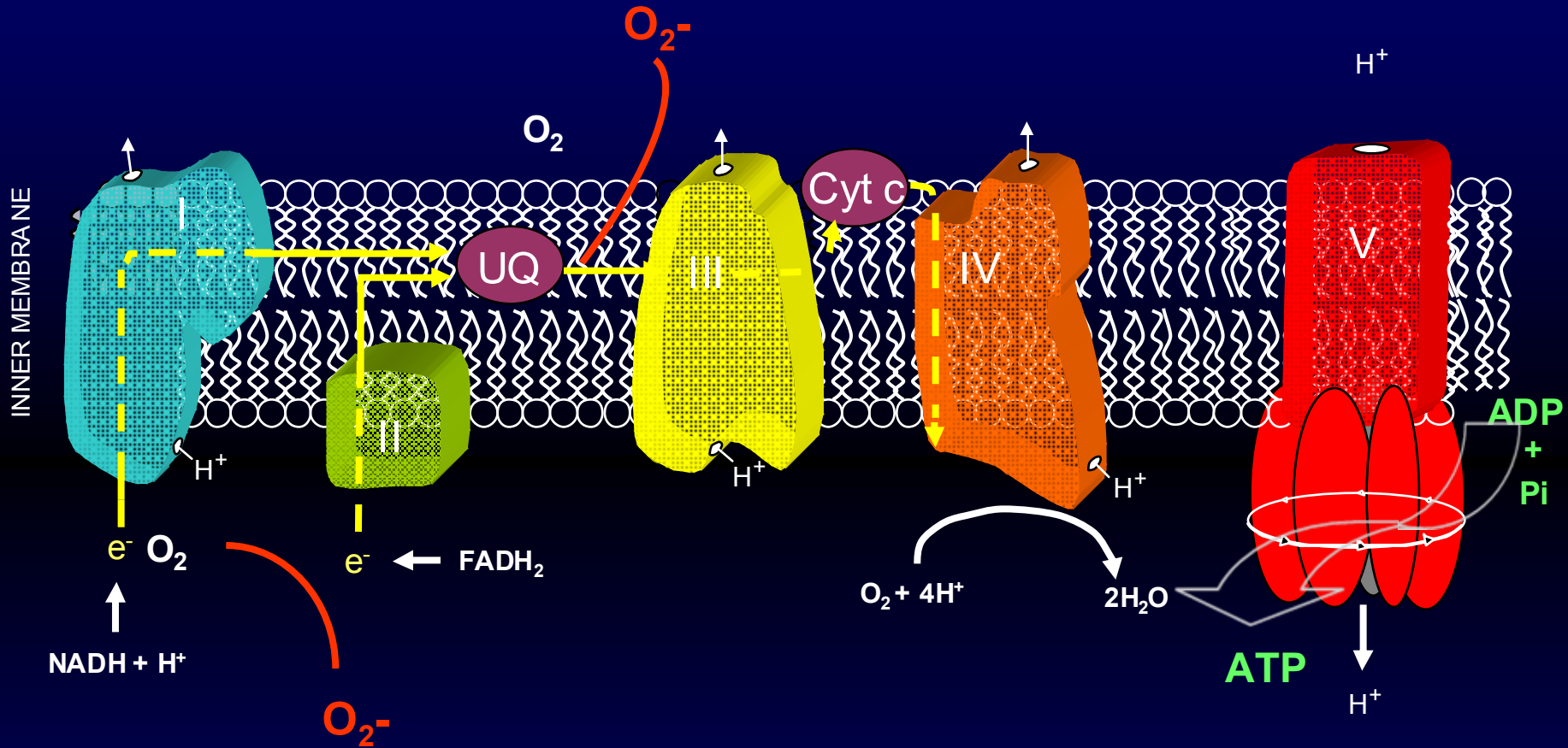
Assenza di
specifiche proteine

INVECCHIAMENTO E NECROSI CELLULARE

TEORIA RADICALICA
(Harman 1956)

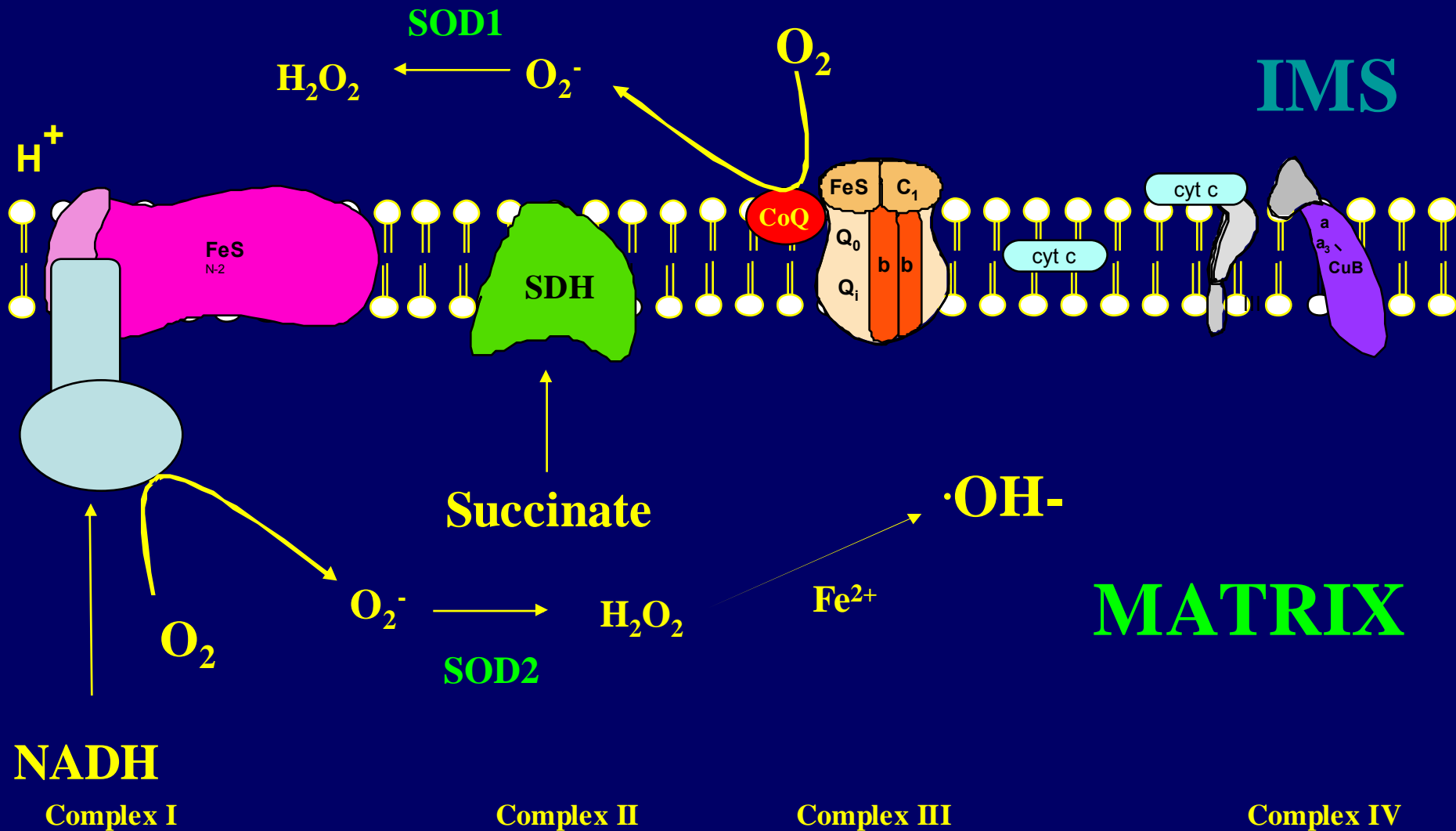


TEORIA RADICALICA
MITOCONDRIALE
(Miquel 1980)



The Mitochondrial Electron Transport System

Reactive Oxygen species and the Respiratory Chain





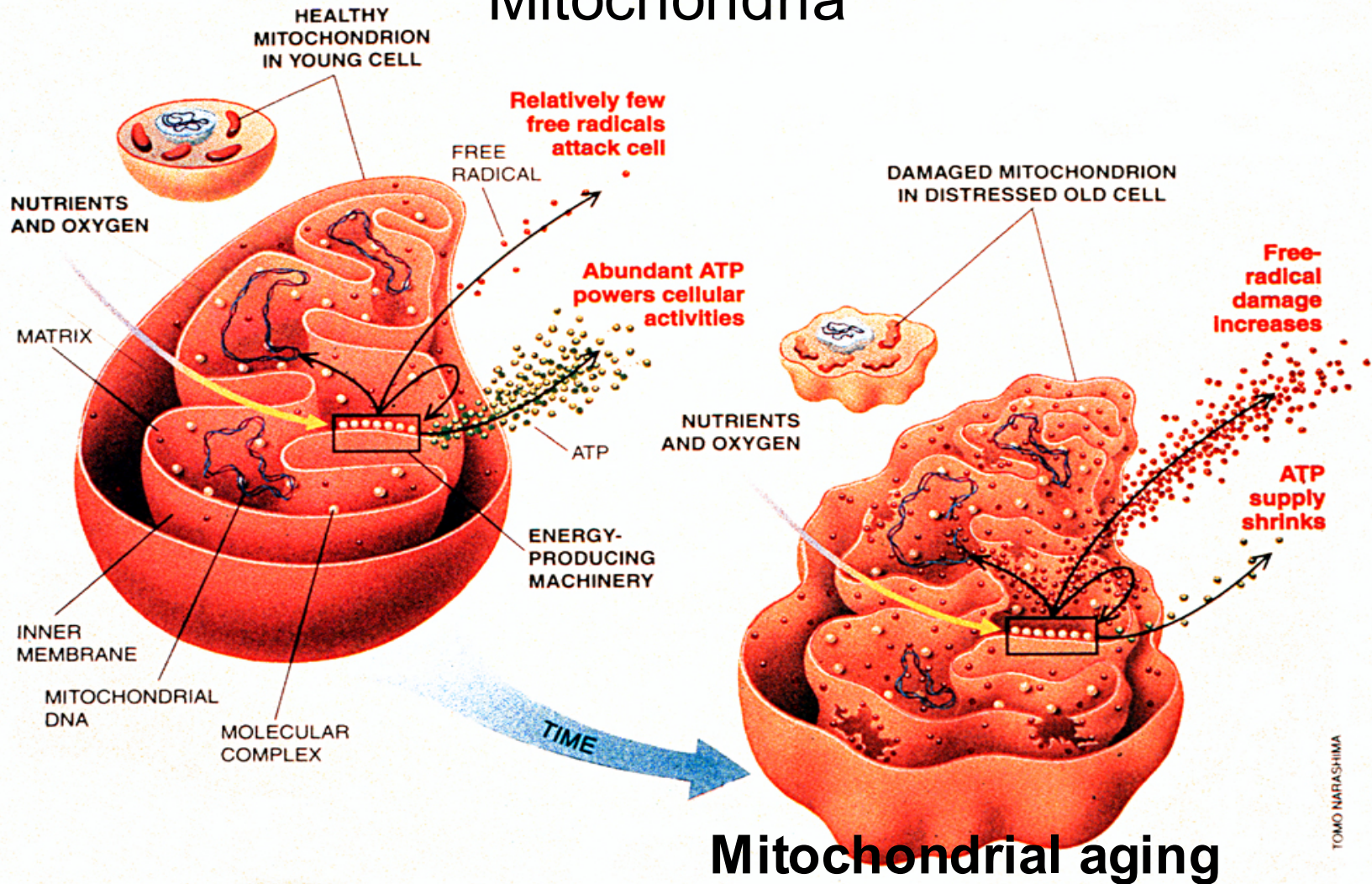
The continuous generation of ROS by mitochondria throughout cell life produces an age related chronic oxidative stress on mtDNA...

...mtDNA is specially susceptible to oxidative damage because it lacks protective histones and has no introns...

...This damage includes single and double strand breaks, deletions, base changes, chromosomal aberrations up to transcription of mitochondrial genes...

*Miquel J et al. Exp Gerontol 1980
Halliwell and Aruoma FEBS Lett 1991
Kristal BA et al. Free Rad Biol Med 1994*

Oxidative Stress and Aging: A critical Role for Mitochondria



↓
Cell aging

Sistemi di difesa antiossidante

Primari

Preventive antioxidant

Prevengono l'inizio della cascata di reazioni



1. Chelanti dei metalli di transizione (Fe-Cu)
2. Ortoidrossibenzofenoni
3. Composti solfonati
4. Enzimi (SOD-CAT)
5. Flavonoidi

Secondari

Chain breaking antioxidant

Interferiscono con la propagazione delle reazioni



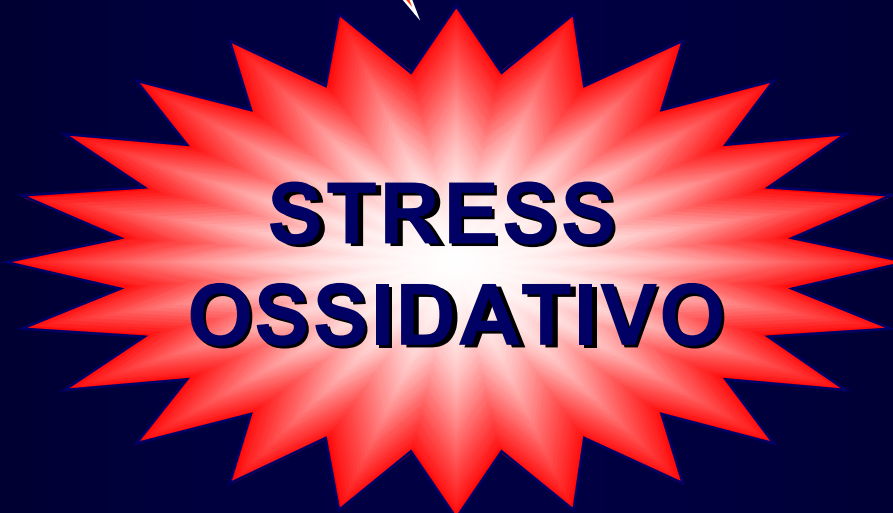
1. Glutatione e precursori (NAC, SAmE)
2. Polifenoli (flavonoidi, procianidine)
3. Vitamine (C, E)
4. Enzimi (GSH-Px, GSH-Tf)

GLUTATIONE

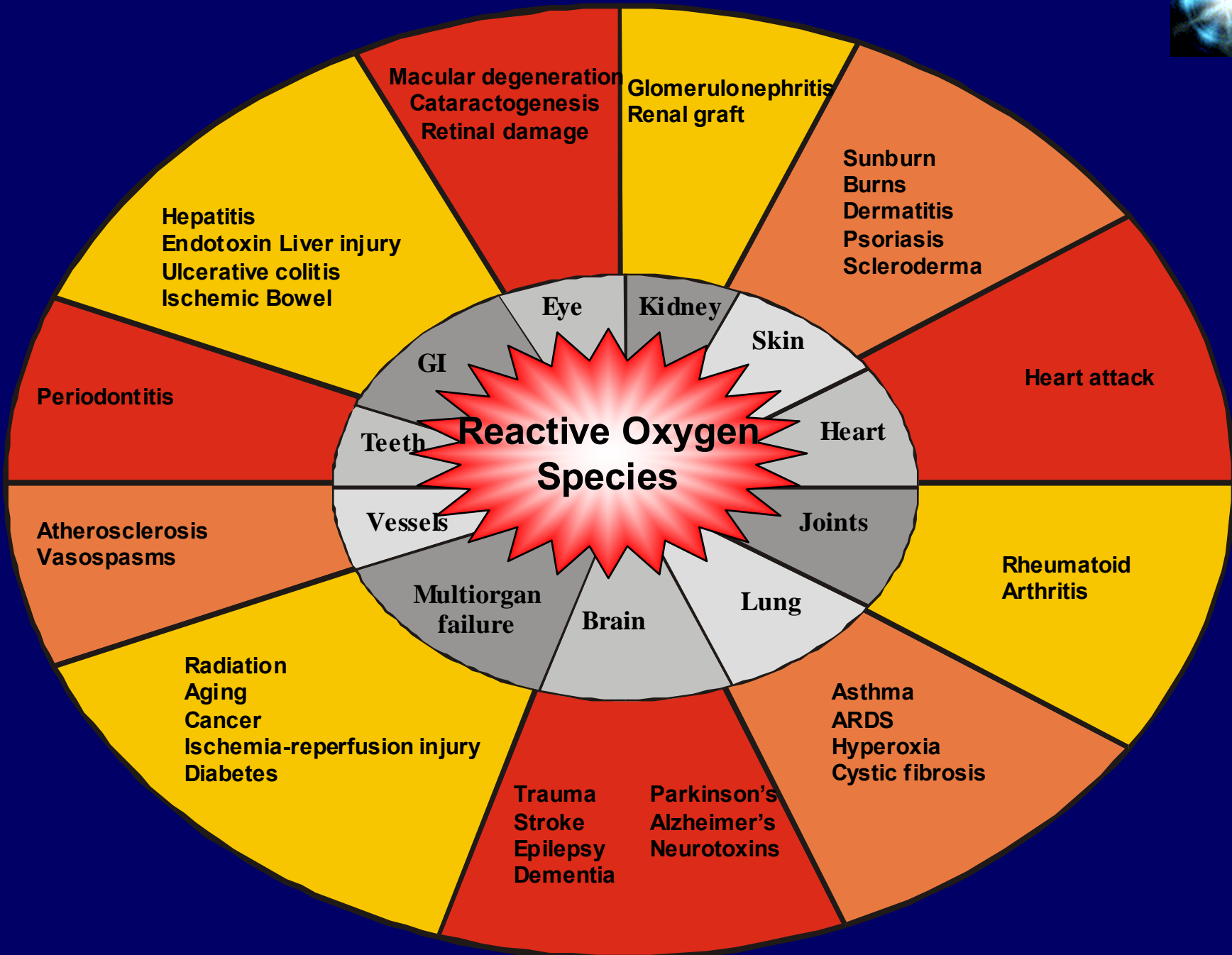
gamma-glutamil-cisteinil-glicina



**↑ FATTORI
PRO-OSSIDANTI**



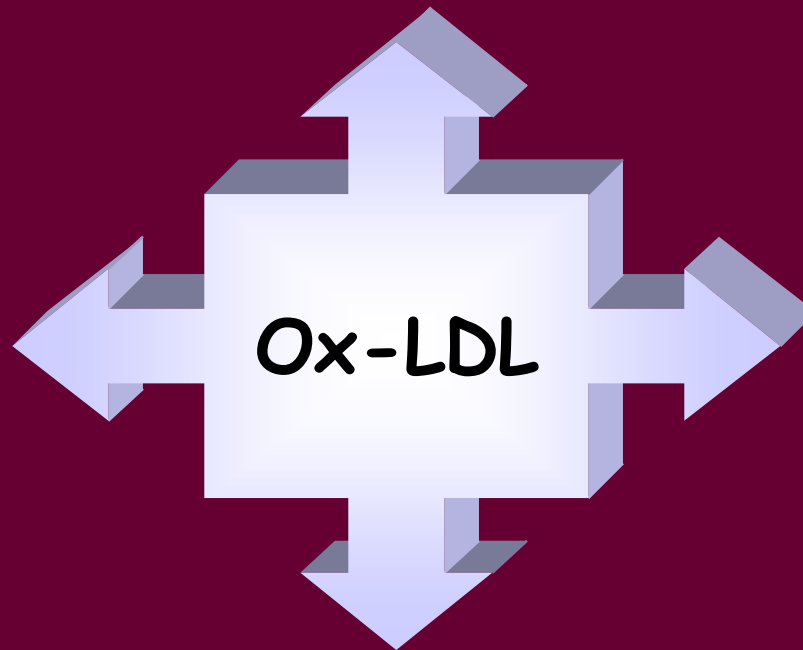
**↓ BARRIERA
ANTI-OSSIDANTE**



L'ATEROSCLEROSI

ATEROSCLEROSI: RUOLO DELLE OX-LDL

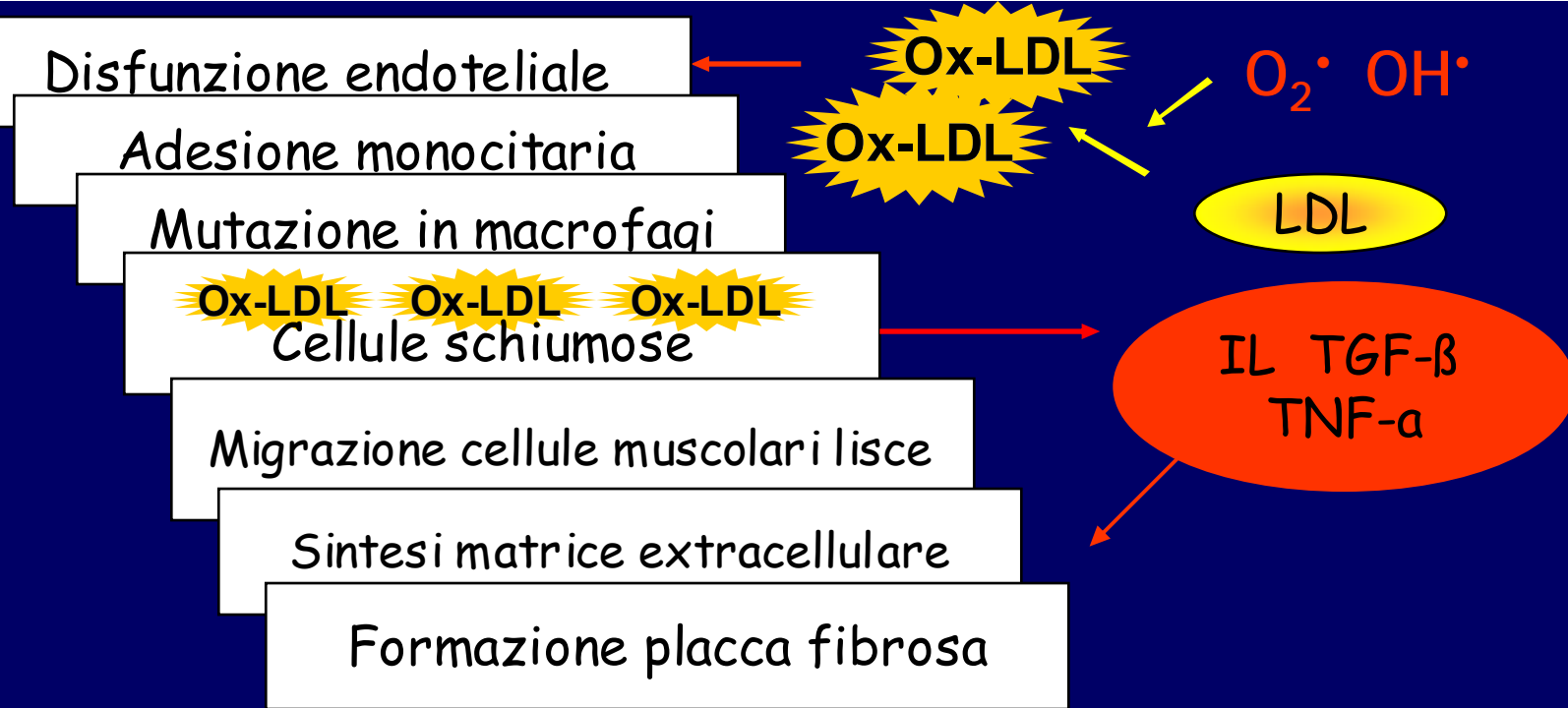
Effetto pro-infiammatorio
chemiotattico sui monociti

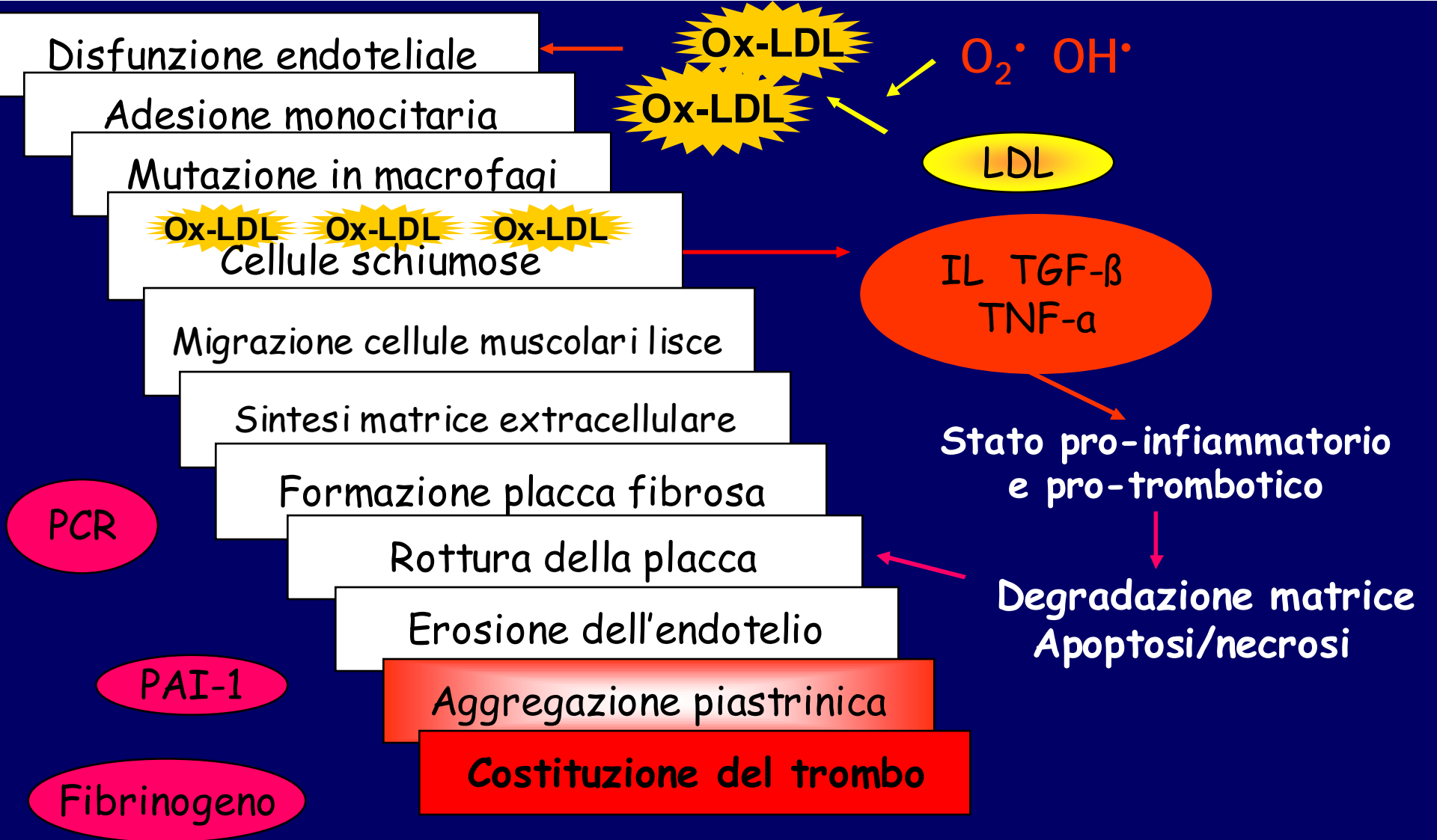


Immunogenicità
Citotossicità

Inibizione della vasodilatazione
NO-mediata

Formazione di
Cellule schiumose





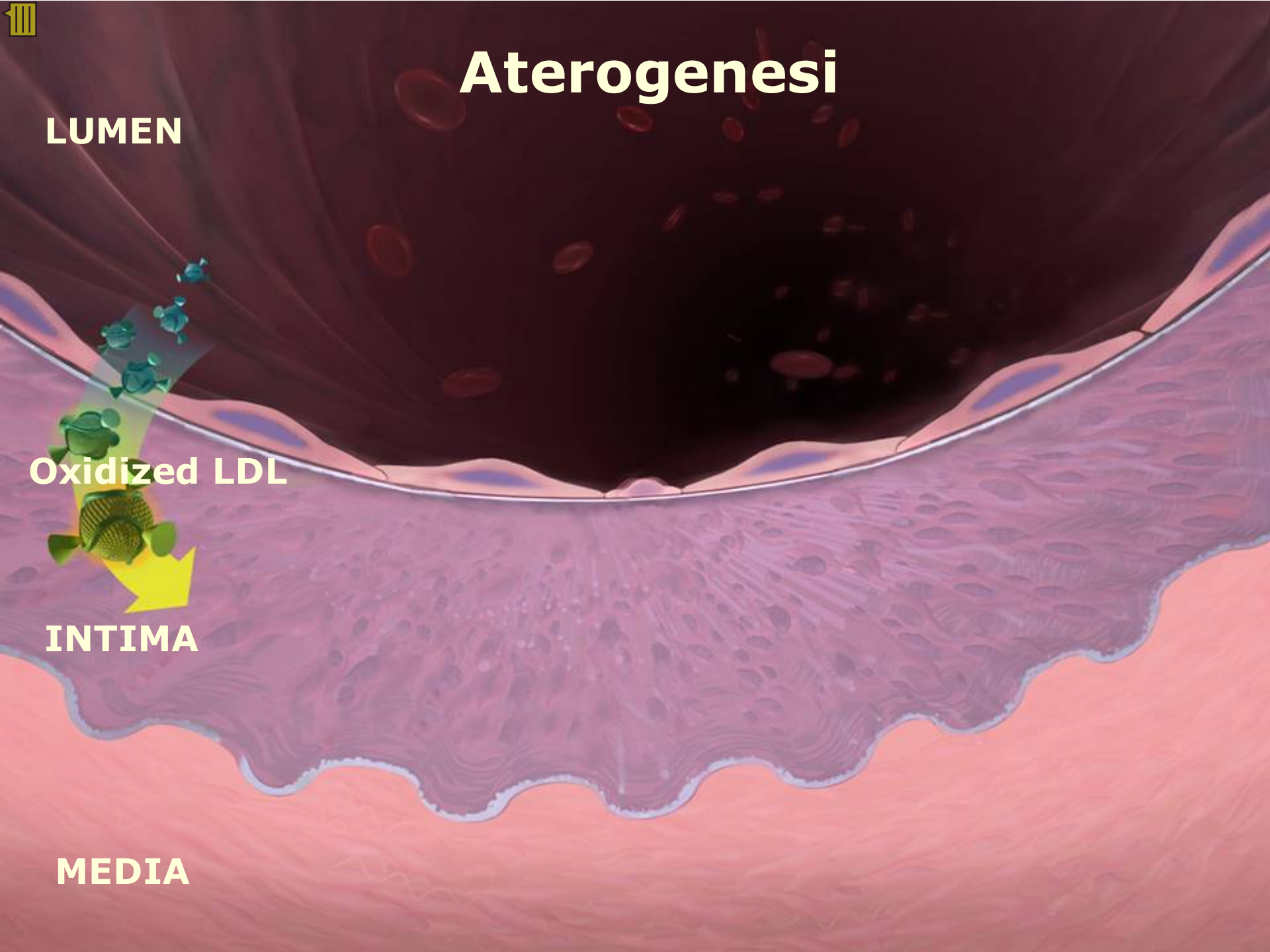
Aterogenesi

LUMEN

Oxidized LDL

INTIMA

MEDIA



Aterogenesi

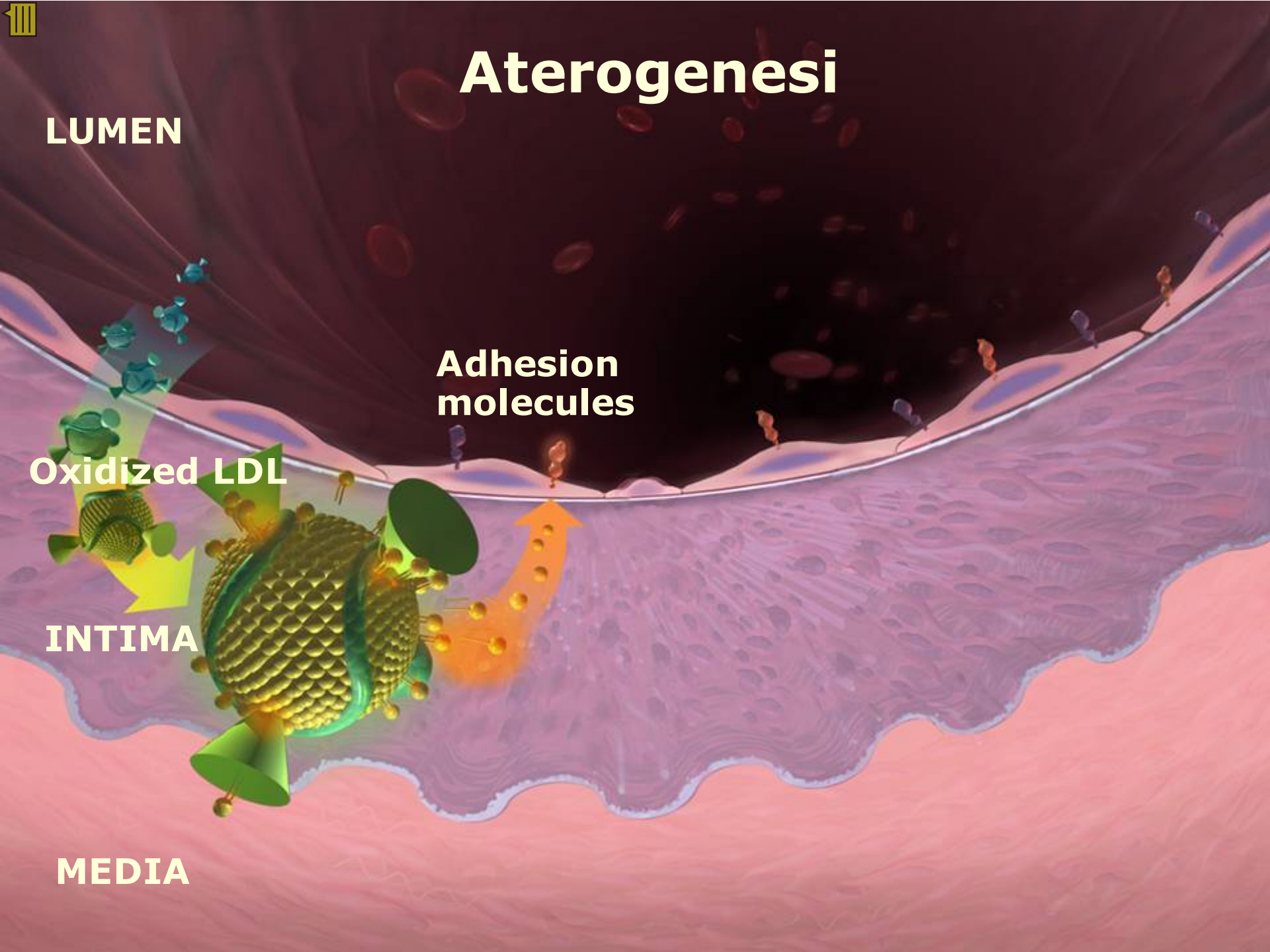
LUMEN

Adhesion molecules

Oxidized LDL

INTIMA

MEDIA



Aterogenesis

LUMEN

Oxidized LDL

INTIMA

MEDIA

Adhesion molecules

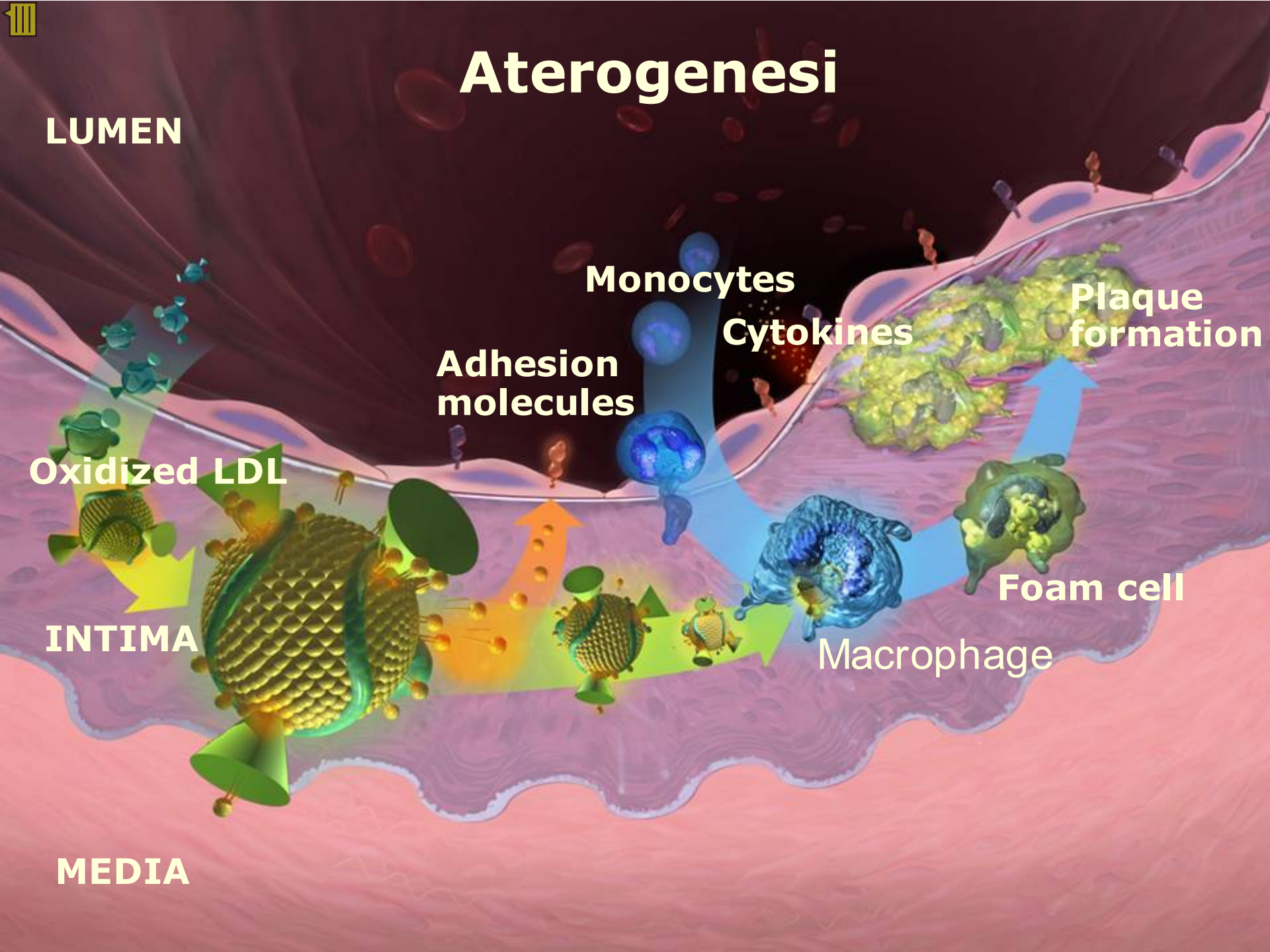
Monocytes


Cytokines

Plaque formation

Foam cell

Macrophage





**La formazione metabolica di RL è strettamente
dipendente dall'apporto calorico**

**Attualmente, per la prima volta nella storia dell'umanità,
il numero dei grassi coincide con quello
di chi muore di fame e di stenti**

più ROS

Un eccesso di ROS oggi mangiamo meno di 20 anni fa, ma continuiamo ad ingrassare
disfunzione al prevalere dello stato di ossidazione

The Caloric Restriction

There is now evidence that indicates that caloric restriction acts by decreasing oxidative stress and damage and by increasing antioxidant defences and repair systems

Rao G et al. J Nutr 1990

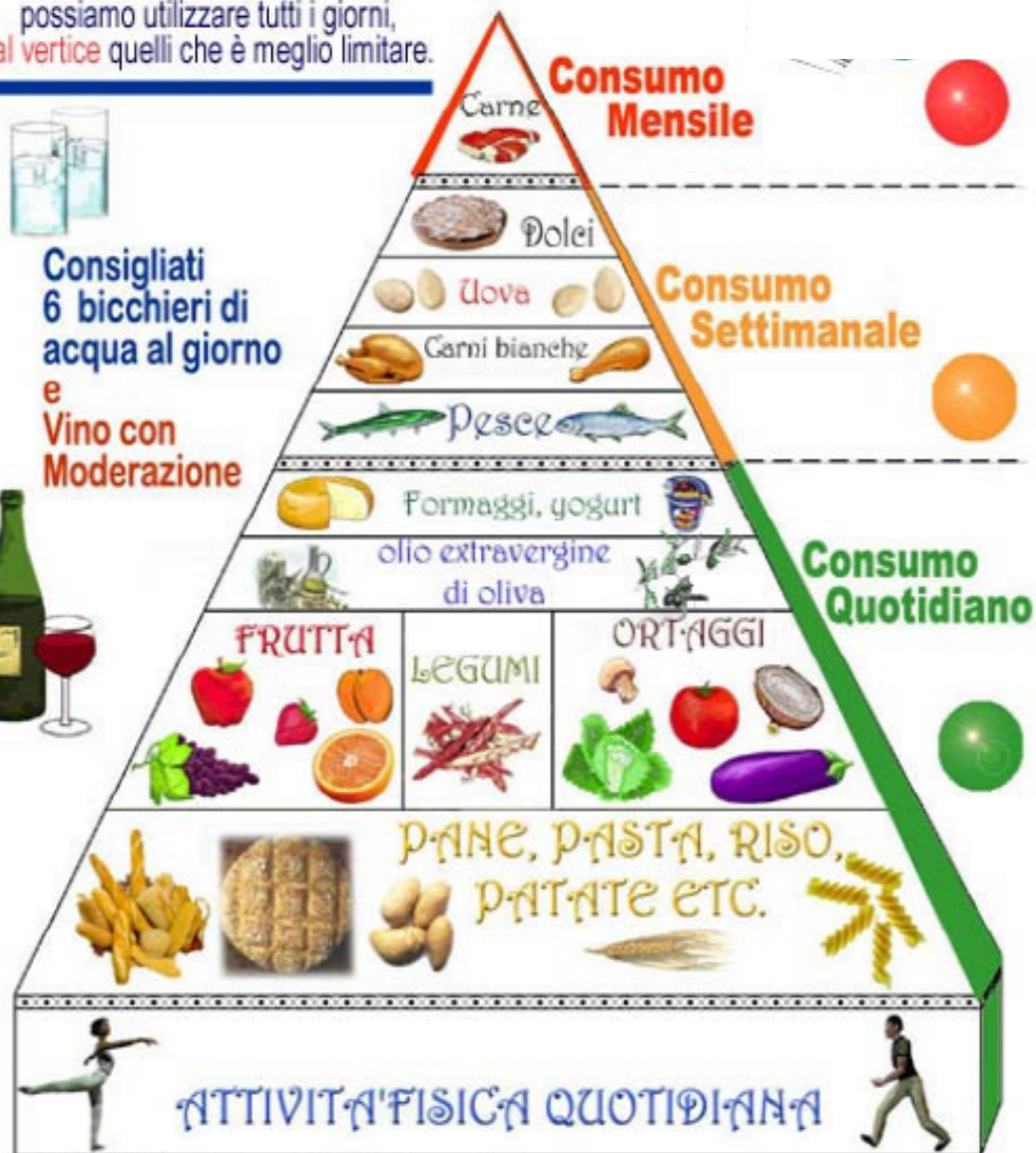
Caloric restriction induces a hypometabolic state characterized by decreased reactive oxygen species and decreased brain mitochondrial O₂⁻ and reduced oxidative DNA damage in aged rats

Sanz A et al. J Bioenerg Biomembr 2005

La Piramide rappresenta la distribuzione in **frequenza** e **quantità** di tutti gli alimenti:
 -alla base troviamo quelli che possiamo utilizzare tutti i giorni,
 -al vertice quelli che è meglio limitare.



Consigliati
 6 bicchieri di
 acqua al giorno
 e
 Vino con
 Moderazione



- Il modello mediterraneo
- Esigenze nutritive
- Il latte
- I grassi
- La pasta
- Le fibre
- Le fibre vegetali
- La vitamina C
- Il sale (sodio)
- I salumi

... Da quando gli Dei insegnarono a coltivare i campi, i popoli della terra impararono che cereali e legumi, insieme ad altri semi o a verdure di vario tipo, talvolta con cibo di origine animale, offrivano perfette combinazioni alimentari...

Tortillas e fagioli (Americhe)

Semola e ceci (Cuscus, Nord-Africa)

Riso e soia (Oriente)

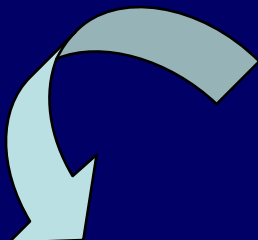
Riso e lenticchie/ Pasta e fagioli (Mediterraneo)

...La società agricola e la dieta cerealicola...



... Oggi...

Grande distribuzione... Globalizzazione... Ritmi lavorativi...



carni / insaccati - grassi animali - margarine
farine raffinate - cibi precotti - fast-food

Stoccaggio/produzioni forzate
Gelificanti / addensanti
Aromatizzanti / conservanti / nitrati
Coloranti / emulsionanti

Alimentazione ipercalorica (+ 500Cal/die)

Grassi saturi
Proteine animali
Zuccheri semplici

Malattie da civilizzazione

Obesità Diabete Ipertensione Aterosclerosi Stipsi
Osteoporosi Infarto miocardico Tumori intestinali...

...La Società industriale e la dieta carnea...



The Navajo Reservoir of North America



Role of Free Radicals in the Neurodegenerative Diseases

Therapeutic Implications for Antioxidant treatment

Barry Halliwell

Department of Biochemistry, Faculty of Medicine, National University of Singapore

Alzheimer's Disease

The Brain is Highly Susceptible to Oxidative Damage:

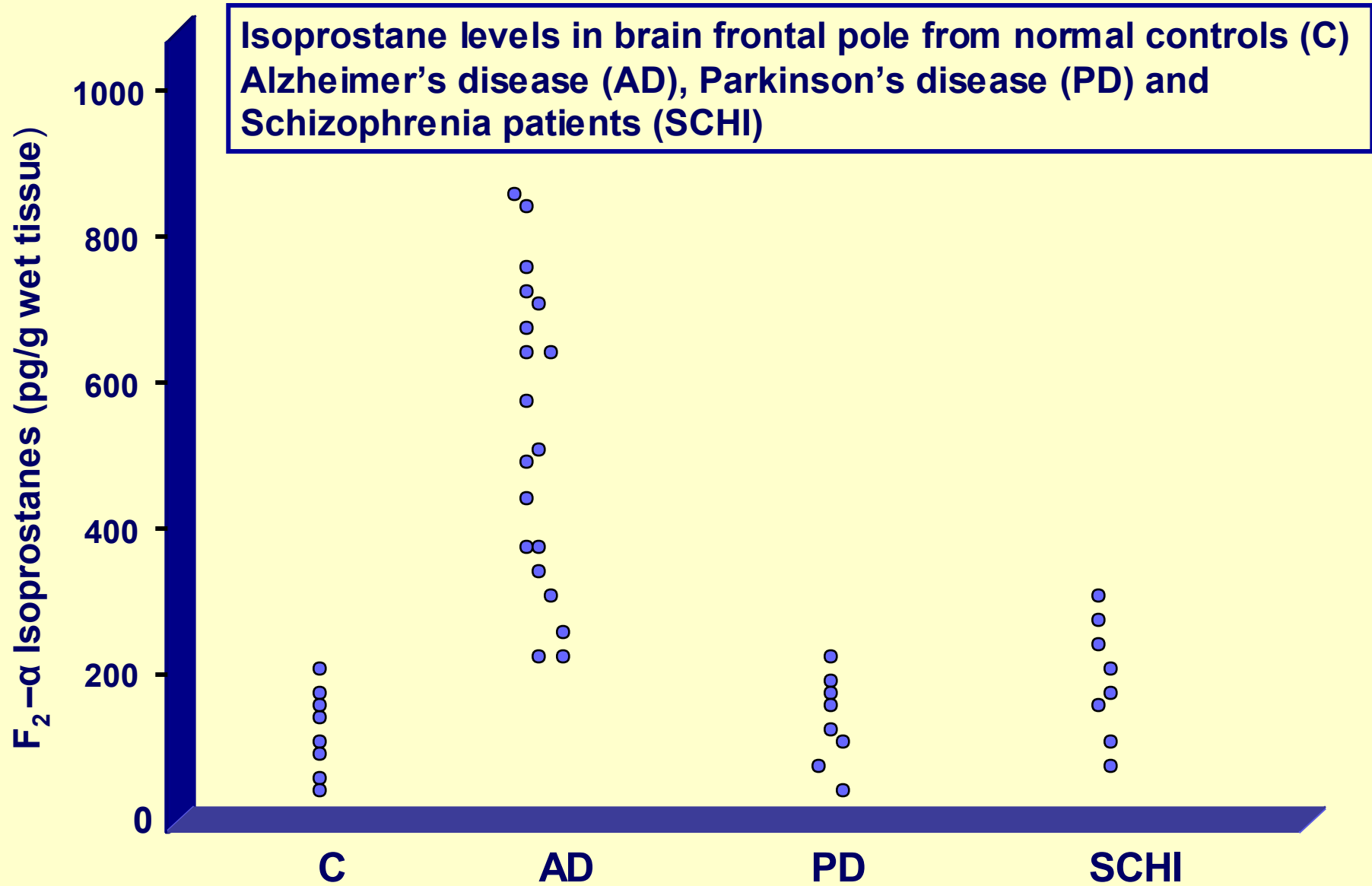
- Brain consumes 20% of the oxygen the body uses
- High Concentration of Fatty Acids - easily damaged
- Concentrates High Levels of Metals
- Contains Low Levels of Antioxidants
- Long-life Cells with Little Turnover
- Oxidative damage to mtDNA is several times higher in brain than in liver

The amyloid β -peptides are neurotoxic in cell culture, and many studies have implicated **reactive oxygen species** as major contributors to this toxicity

Yatin Sm et al. Neurobiol Aging 1999; Barkats M et al. J Neurochem 2000

Increased oxidative damage occurs in vivo in Alzheimer's disease, as determined by elevated DNA base and RNA oxidation products, protein carbonyls, HNE and other markers of lipid peroxidation in human brain

Practicò D et al Faseb J 1998;Markesbery WR et al. Brain Pathol 1999



Triple-Transgenic Model of Alzheimer's Disease with Plaques and Tangles: Intracellular A β and Synaptic Dysfunction

Salvatore Oddo,¹ Antonella Caccamo,^{1,5}
Jason D. Shepherd,^{1,5} M. Paul Murphy,³
Todd E. Golde,³ Rakez Kaye,²
Raju Metherate,¹ Mark P. Mattson,⁴
Yama Akbari,¹ and Frank M. LaFerla^{1,*}

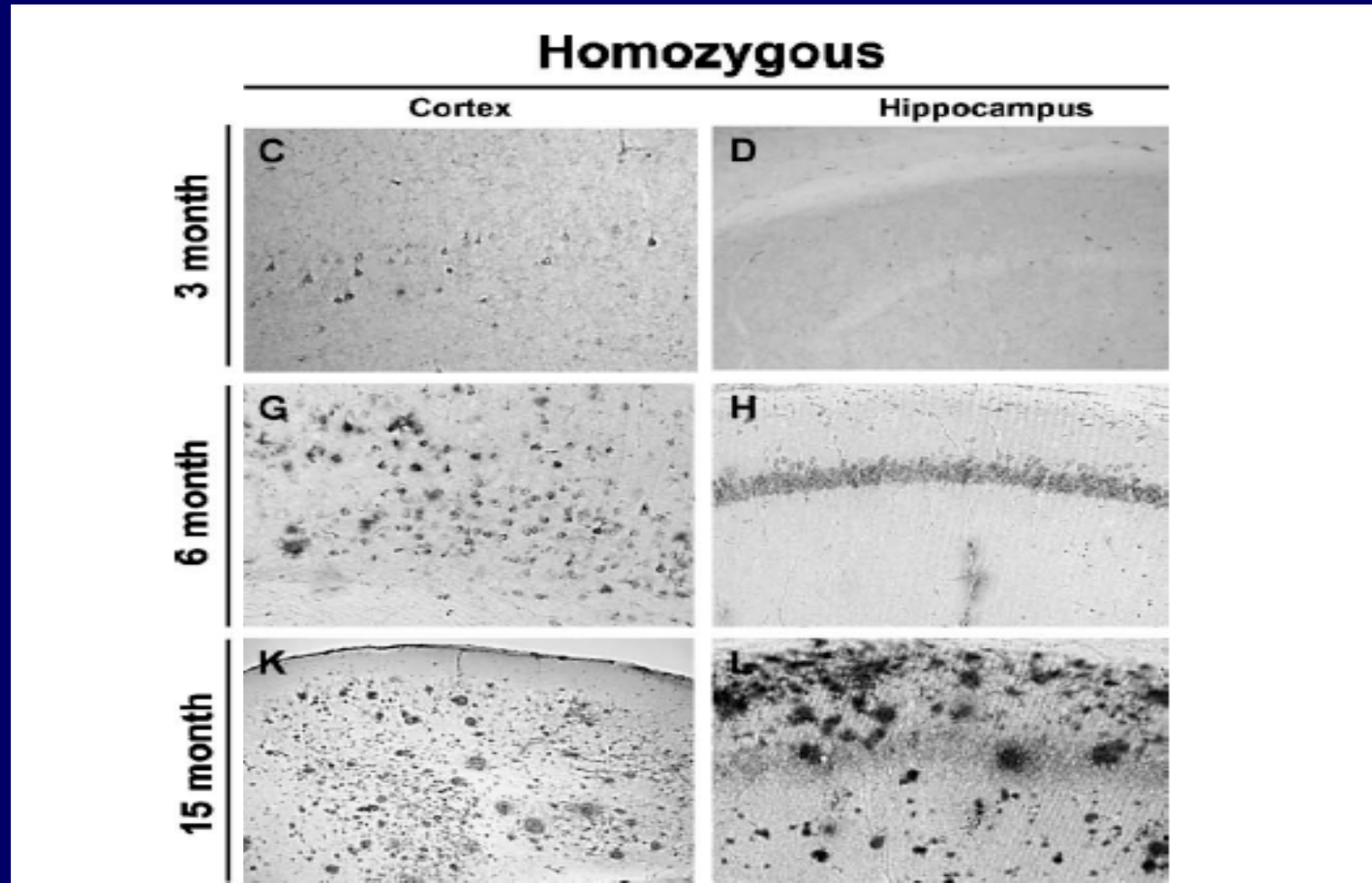


Three mutant genes:

- Presenilin-1 (PS1M146V)
- Amyloid Precursor Protein (APPSwe)
- and TauP301L.

The 3xTg-AD mice progressively develop A β and tau pathology, with a temporal- and regional-specific profile that closely mimics their development in the human AD brain.

A β -Pathology



A β deposition initiates in the cortex and progresses to the hippocampus. Coronal sections from 6- and 15-month-old homozygous mice were evaluated with an A β 42-specific antibody. Extracellular A β deposits are evident by 6 months of age in the cortex, and by 16 months in the hippocampus.

Original magnifications, 10x.

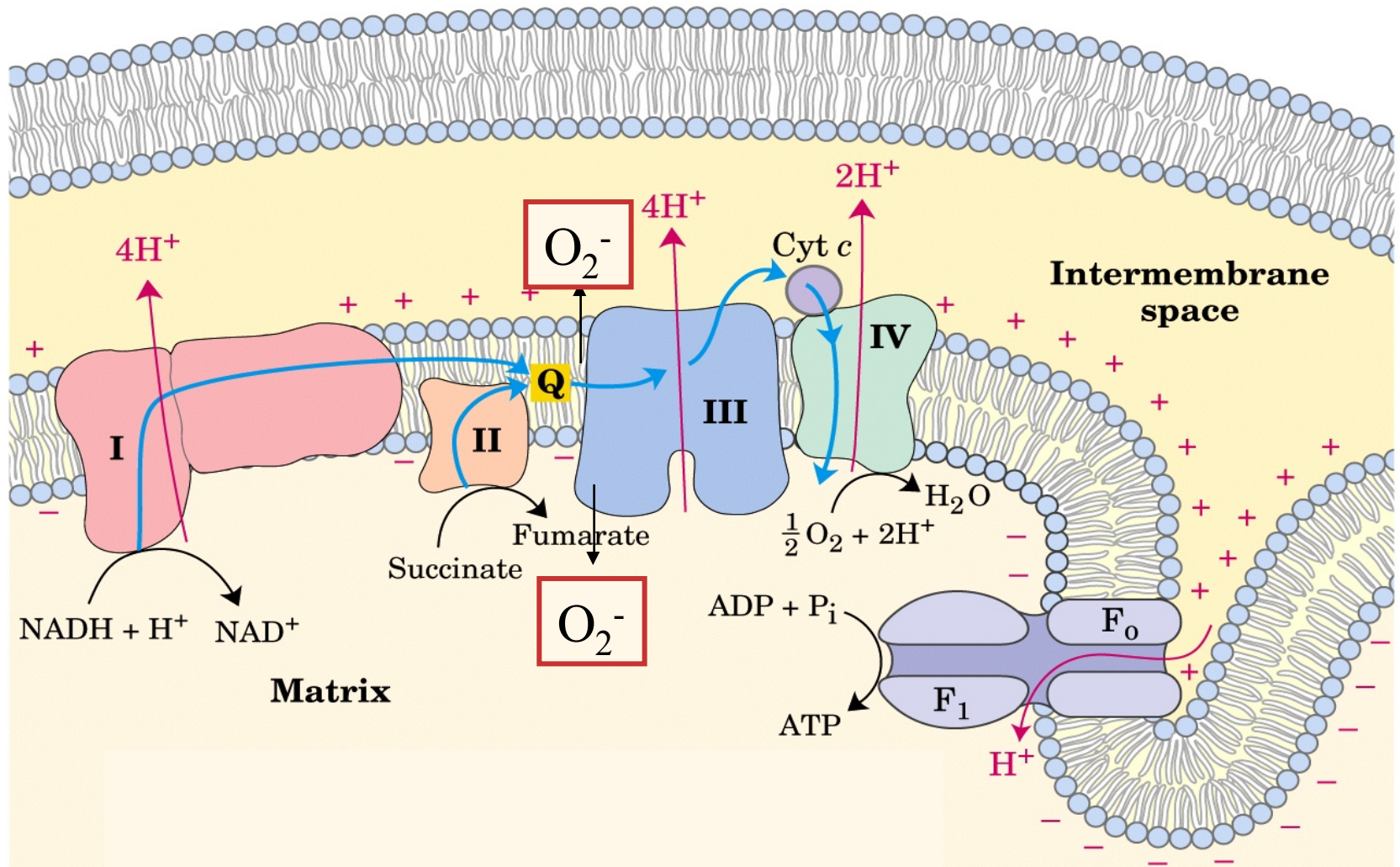
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Aim of the study:

**Mitochondrial Dysfunction
in a Transgenic Model
of Alzheimer's Disease**

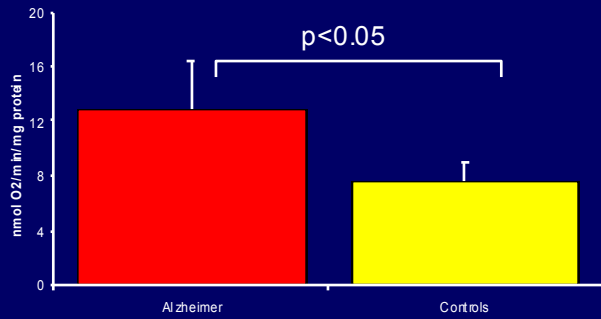
Oxygen reactions in respiration



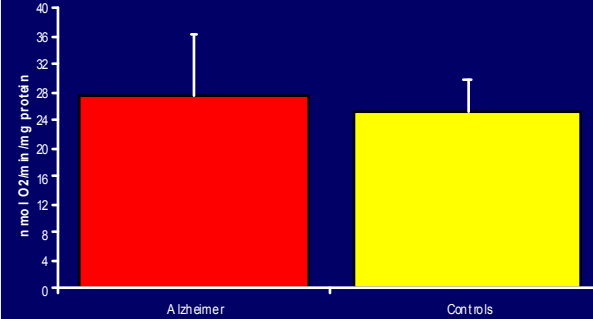


Complex I

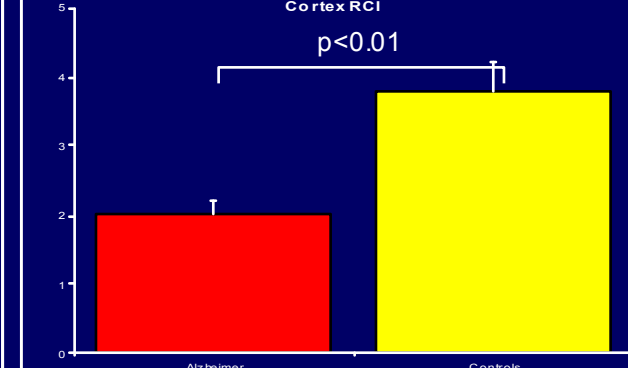
Cortex State 4



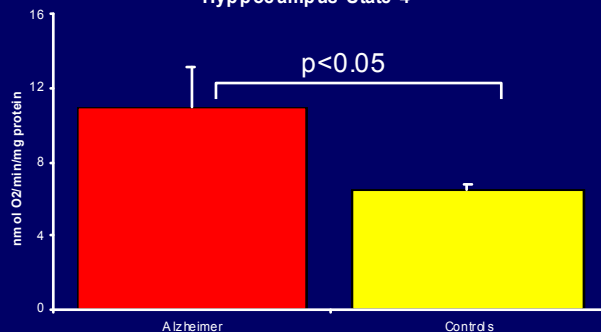
Cortex State 3



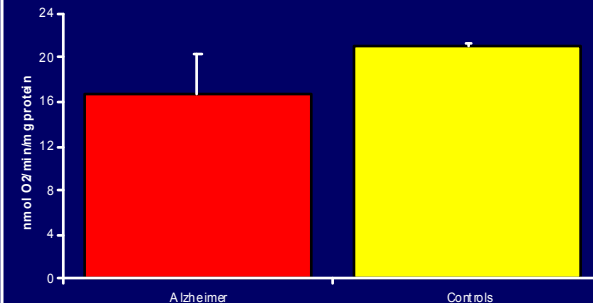
Cortex RCI



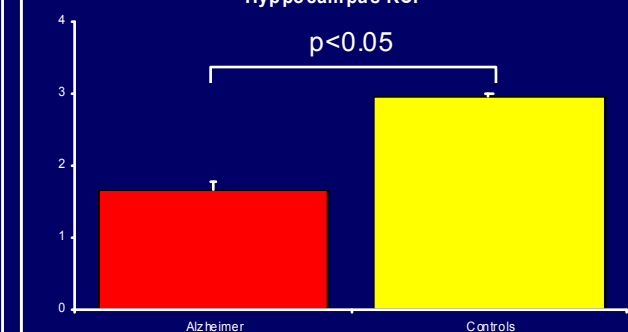
Hippocampus State 4



Hippocampus State 3

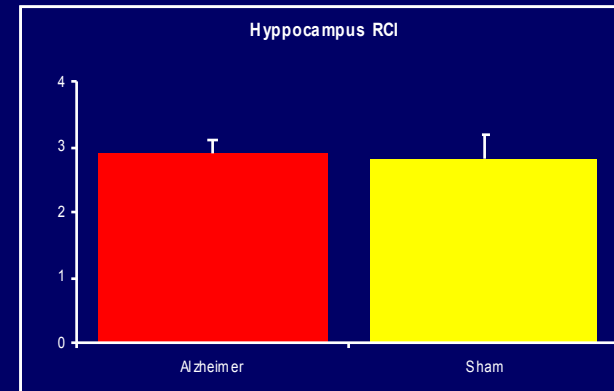
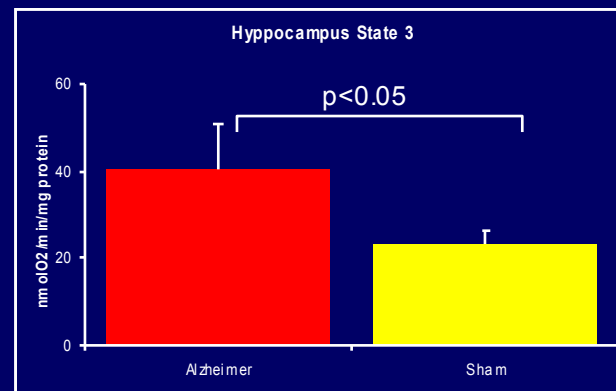
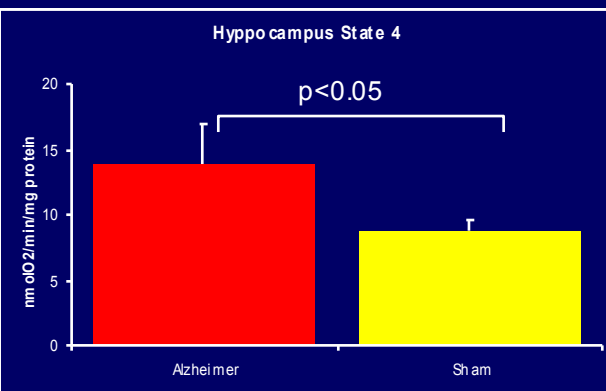
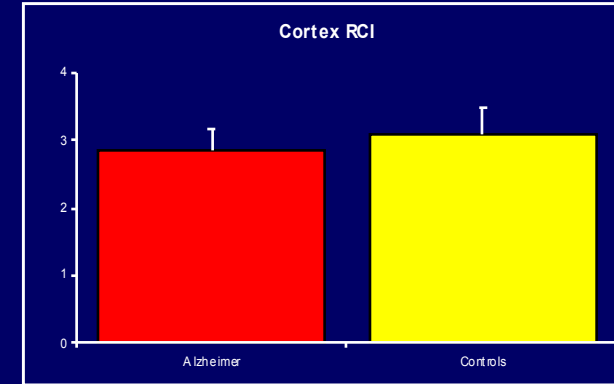
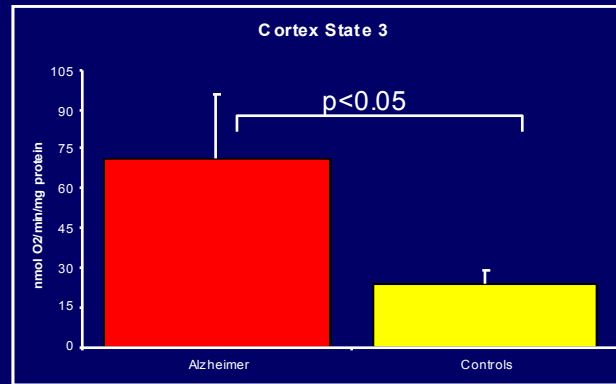
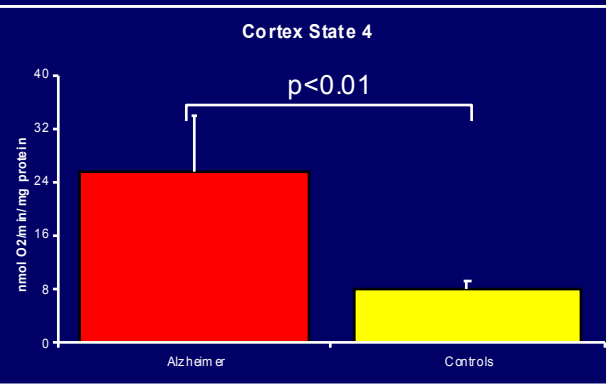


Hippocampus RCI



Oxygen consumption and RCI at complex I in the respiratory chain

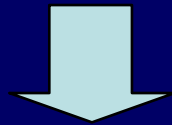
Complex II



Oxygen consumption and RCI at complex II in the respiratory chain

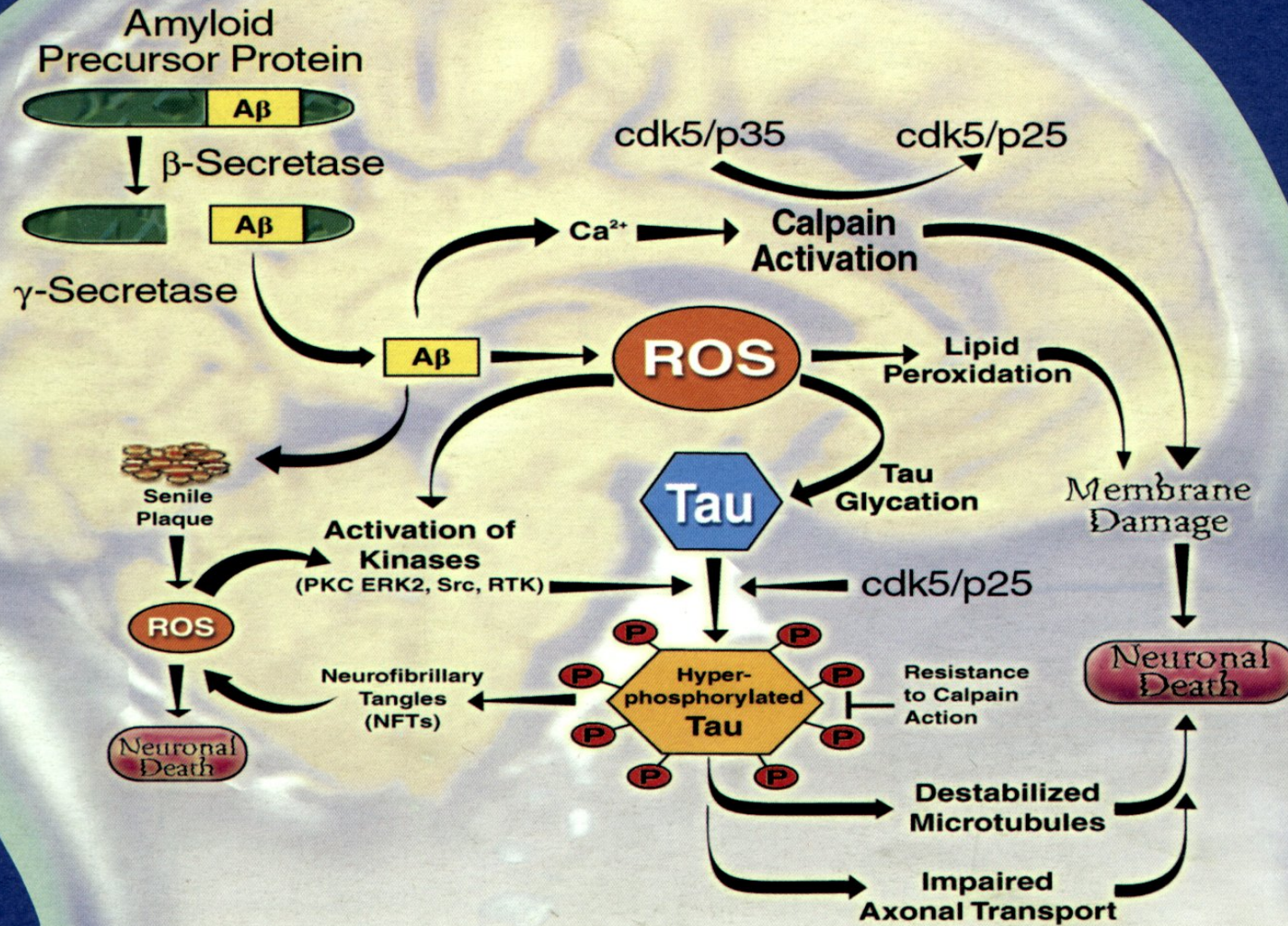
Conclusions

- **Brain from Alzheimer mice shows mitochondria bioenergetic impairment at Complex I and Complex II**
- **Complex II works, but in order to maintain the same membrane potential, the respiratory chain consumes more oxygen**



This is associated to an increased production of ROS

Ipotesi della cascata amiloidea



Lower Plasma Vitamin E Levels Are Associated With the Frailty Syndrome: The InCHIANTI Study

Alessandro Ble,¹ Antonio Cherubini,² Stefano Volpato,³ Benedetta Bartali,⁴ Jeremy D. Walston,⁵ B. Gwen Windham,¹ Stefania Bandinelli,⁶ Fulvio Lauretani,⁷ Jack M. Guralnik,⁸ and Luigi Ferrucci¹

¹Longitudinal Studies Section, Clinical Research Branch, National Institute on Aging, National Institutes of Health, Baltimore, Maryland.

²Institute of Gerontology and Geriatrics, University of Perugia, Italy.

³Department of Clinical and Experimental Medicine, Section of Internal Medicine and Geriatrics, University of Ferrara, Italy.

⁴Division of Nutritional Sciences, Cornell University, Ithaca, New York.

⁵Division of Geriatric Medicine and Gerontology, Johns Hopkins University, Baltimore, Maryland.

⁶Geriatric Rehabilitation Unit, Azienda Sanitaria di Firenze, Italy.

⁷Tuscany Region Health Agency, Firenze, Italy.

⁸Laboratory of Epidemiology, Demography and Biometry, National Institute on Aging, National Institutes of Health, Bethesda, Maryland.

Background. The primary biologic mechanism that causes frailty in older persons has never been adequately explained. According to recent views, oxidative stress may be the driving force of this condition. We tested the hypothesis that, independent of confounders, low plasma levels of vitamin E (α -tocopherol), the main fat-soluble human antioxidant, are associated with the frailty syndrome in older persons free from dementia and disability.

Methods. The study sample included 827 older (≥ 65 years) persons (women, 54%) who participated in a population-based epidemiological study. Frail participants were identified based on the presence of at least three of five of the following features: self-reported weight loss, low energy, slow gait speed, low grip strength, and low physical activity. Participants with none of these features were considered nonfrail, while participants with one or two were considered intermediate frail. Plasma vitamin E levels were determined using reverse-phase high-performance liquid chromatography. Measured confounders included lower extremity muscle strength, cognitive function, diseases, and factors related to vitamin E metabolism.

Results. Age- and gender-adjusted levels of vitamin E decreased gradually from the nonfrail to the frail group (p for trend = .015). In the logistic model adjusted for multiple potential confounders, participants in the highest vitamin E tertile were less likely to be frail than were participants in the lowest vitamin E tertile (odds ratio, 0.30; 95% confidence interval, 0.10–0.91).

Conclusions. Our findings show an association between low circulating levels of one of the most important components of the human antioxidant system and the presence of frailty.



Available online at www.sciencedirect.com



Archives of Biochemistry and Biophysics 458 (2007) 141–145

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Minireview

Carotenoids as protection against sarcopenia in older adults

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Tuscany Regional Agency, Florence, Italy

Longitudinal Studies Section, Clinical Research Branch, National Institute on Aging, Baltimore, MD, USA

Received 4 August 2006, and in revised form 20 November 2006

Available online 6 December 2006

Abstract

Sarcopenia, or loss of muscle mass and strength, plays a major role in the disablement process in older adults and increases the risk of impaired physical performance, falls, physical disability, frailty, and death. Oxidative stress is a major mechanism implicated in the pathogenesis of sarcopenia; aging muscle shows increased oxidative damage to DNA, protein, and lipids. Carotenoids quench free radicals, reduce damage from reactive oxygen species, and appear to modulate redox-sensitive transcription factors such as NF- κ B that are involved in the upregulation of IL-6 and other proinflammatory cytokines. Recent epidemiological studies in community-dwelling older adults show that low serum/plasma carotenoids are independently associated with low skeletal muscle strength and the development of walking disability. These observations are consistent with a growing number of studies showing that a diet with high intake of fruits and vegetables is associated with a reduced risk of inflammation, hypertension, diabetes, cardiovascular disease, and mortality.

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Keywords: Aging; Carotene; Carotenoids; Cryptoxanthin; Inflammation; Lutein; Lycopene; Muscle; Sarcopenia; Zeaxanthin

Fragilità fisica

Positività di almeno 3 items tra i seguenti 5:

- Perdita di peso (≥ 4.5 Kg nell'ultimo anno)
- Affaticamento (riferito senso di fatica ≥ 3 gg/sett)
- Ridotta forza muscolare (Handgrip)
- Ridotta forza fisica (PASE)
- Ridotta velocità del cammino

SCOPO DELLO STUDIO

Valutare in una popolazione di anziani fragili l'eventuale presenza di marcatori biologici:

EQUILIBRIO REDOX:

- **Glutazione ridotto (GSH) ed ossidato (GSSG)**
- **Malondialdeide (MDA), Idrossinonenale (HNE)**

STATO INFIAMMATORIO:

- **Tumor necrosis factor (TNF- α)**

MATERIALI E METODI

Popolazione studiata: Pazienti ricoverati nell'UOC di Medicina Interna dell'IRCCS "Casa Sollievo della Sofferenza" (1/03 -31/05/2007)

Età > 65 anni

Criteri di esclusione: Alterazioni acute o croniche in grado di non rendere valutabili gli items della scala di Fried o di rendere inaffidabile il dosaggio dei marcatori di stress ossidativo

Consenso informato alla partecipazione allo studio



60 pazienti

DISEGNO DELLO STUDIO

SOGGETTI
STUDIATI

N=60

CRITERI DI FRIED 3/5

FRAGILI

N=41

NON FRAGILI

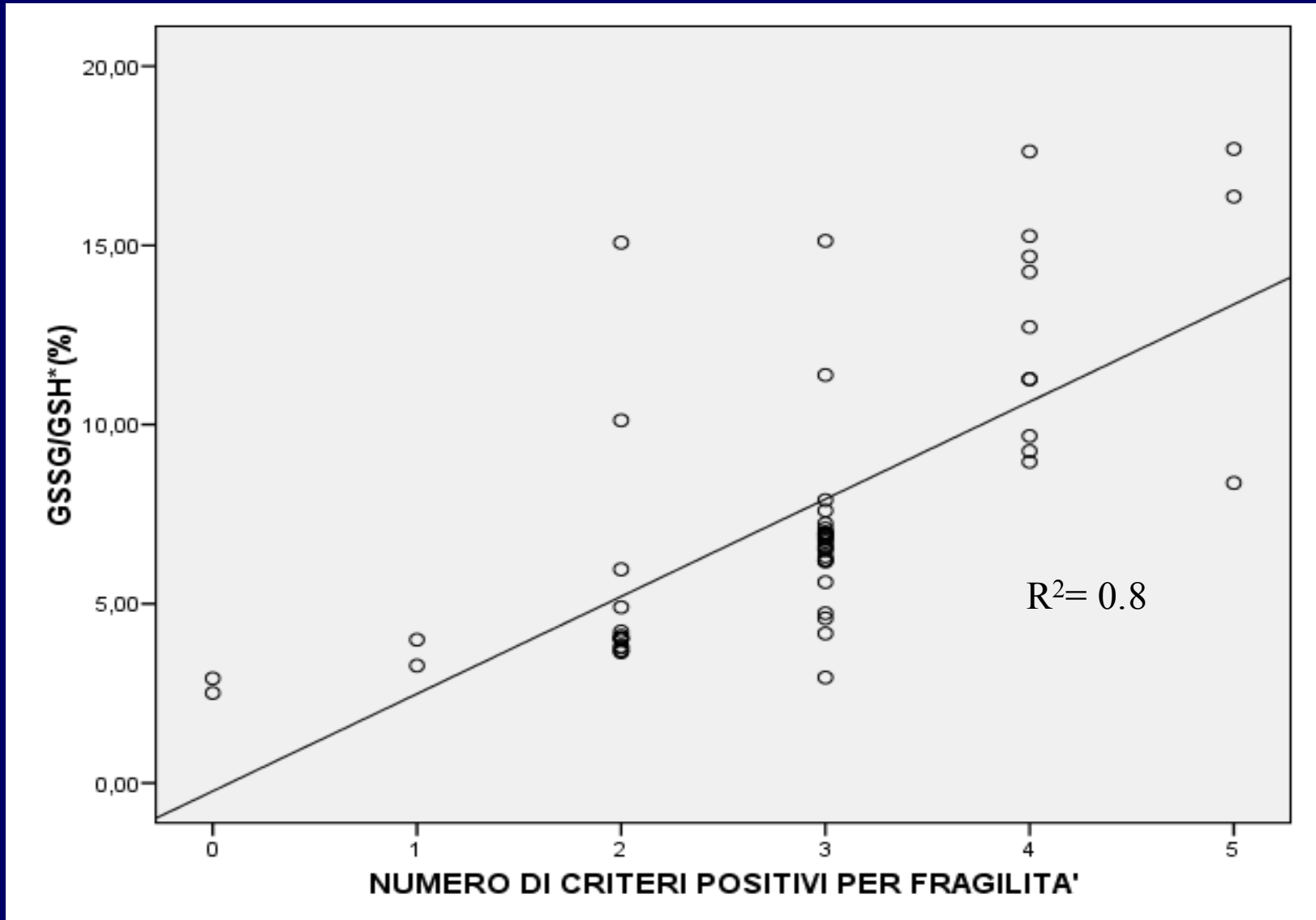
N=19



Variabili biochimiche (confronto fragili vs non fragili)

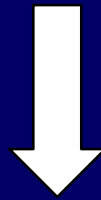
Variabile	Fragili	Non fragili	Signif.
GSSG (μM)	61.1 \pm 31.9	35.6 \pm 11.1	p<0.001
GSH (μM)	701.7 \pm 198.8	799.6 \pm 134.9	p<0.001
GSSG/GSH%	4.8 \pm 2.9	8.7 \pm 3.8	p<0.001
MDA (aUF/mgr prot)	36.4 \pm 33.7	9.6 \pm 2.3	p<0.001
HNE(aUF/gr prot)	39.2 \pm 3.0	11.2 \pm 3.8	p<0.001
TNF α	2.2 \pm 1.2	0.3 \pm 0.2	p<0.001

CORRELAZIONE TRA NUMERO DEGLI ITEMS POSITIVI PER FRAGILITA' E STATO REDOX



CONCLUSIONI

Marcatore di stress ossidativo e di flogosi risultano significativamente aumentati nei soggetti anziani fragili rispetto ai non fragili



Possibili determinanti biologici della condizione che identifica la vulnerabilità dell'anziano

A **Ginkgo Biloba Extract Prevents Mitochondrial Aging By
Protecting Against Oxidative Stress**

Sastre J et al. Free Radic Biol Med 1998

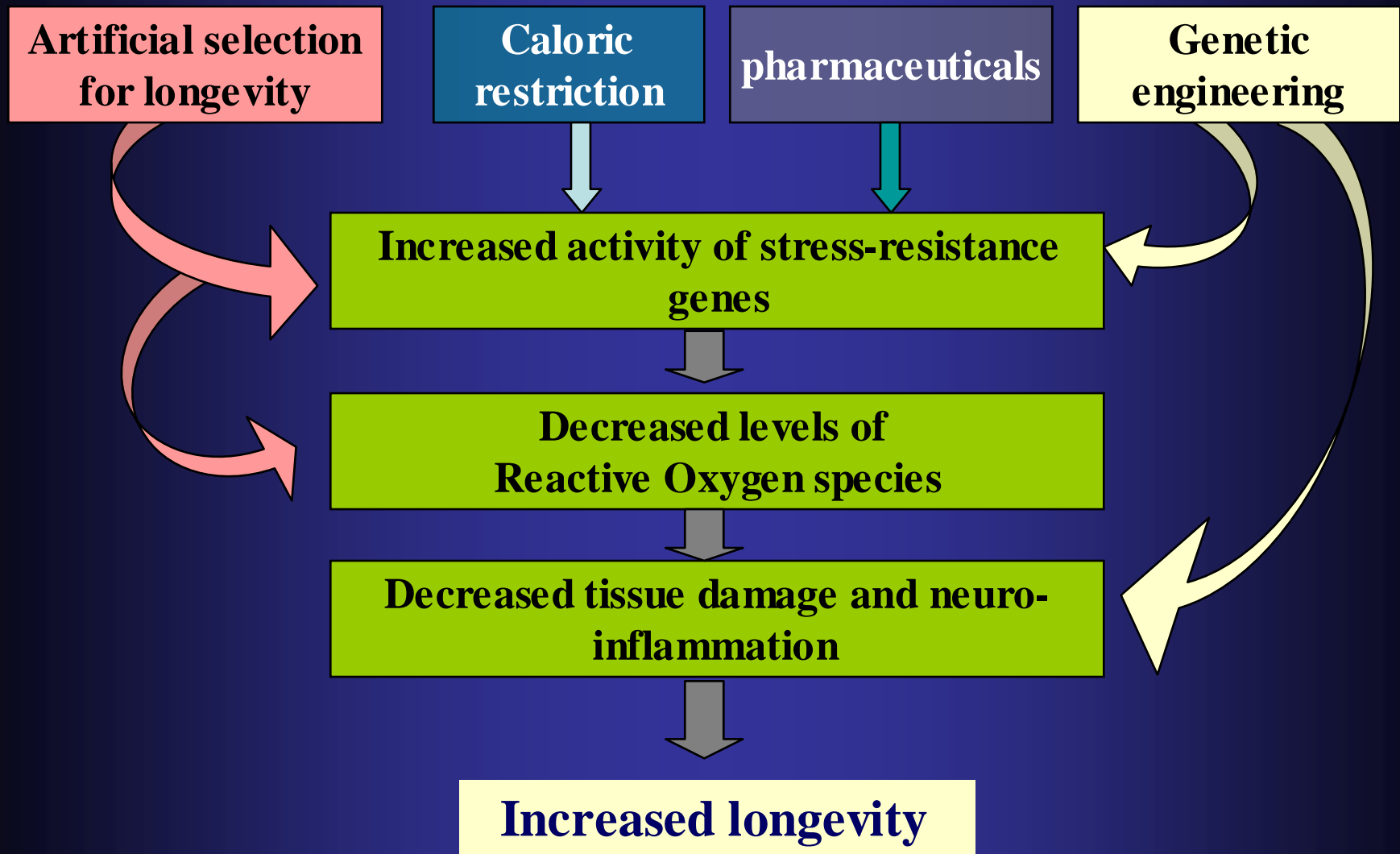
****Vitamin E** at High Doses Improves Survival, Neurological
Performance, And Brain Mitochondrial Function In Aging Mice**

Navarro A et al. Am J Physiol 2005

**Effect of Antioxidant Diets on Mitochondrial Gene Expression in
Rat Brain During Aging**

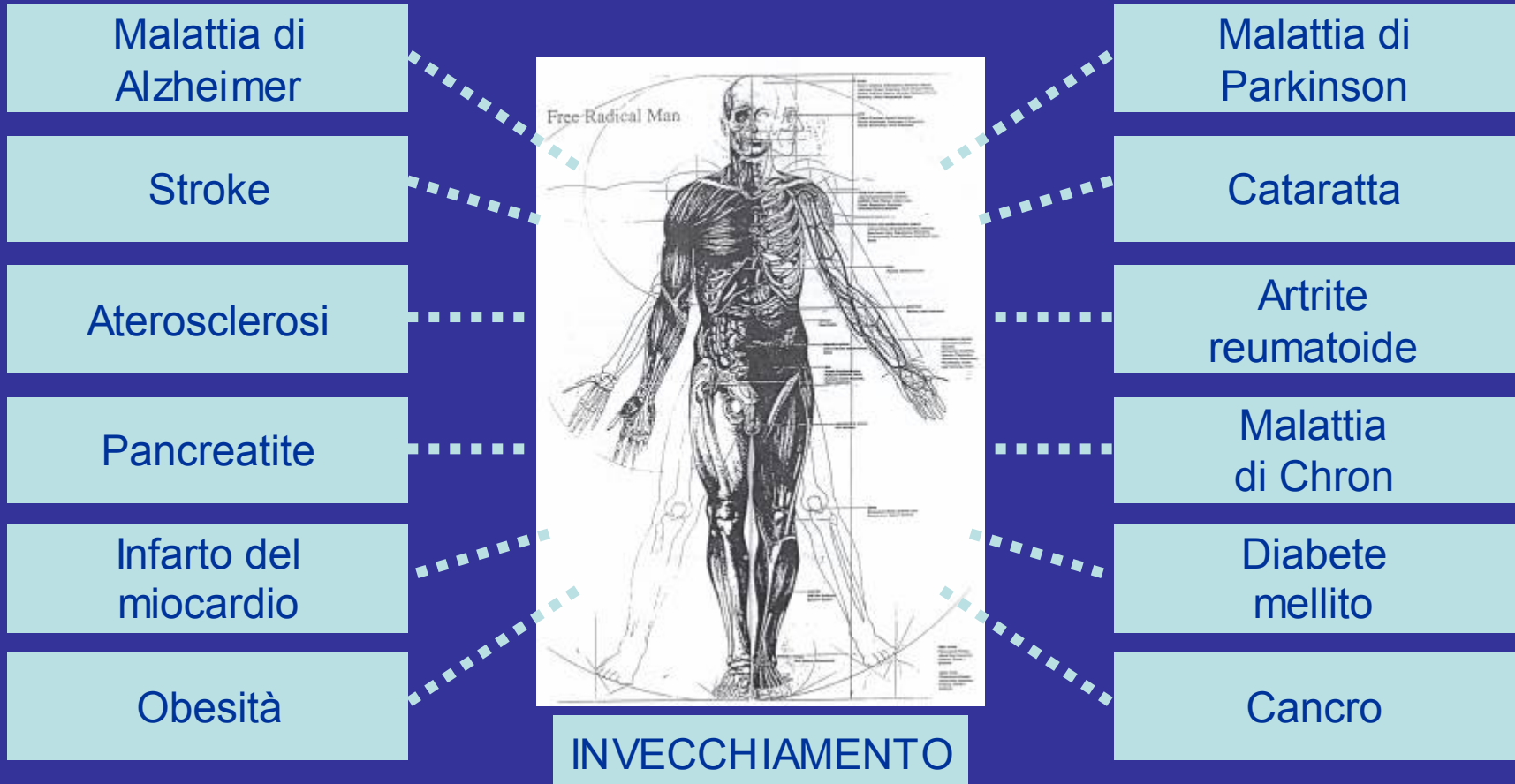
Nicoletti VG et al. Neurochem Res 2005

Oxidative stress-related pathways



..People don't die from age: they die from disease..

*Lotta Granholm - Center on Aging
Medical University of South Carolina*



“The free radical man”

George Perry and Mark A. Smith, Case Western Reserve University Cleveland, Ohio