

Dementia and the Mediterranean Diet
FINAL Protocol

Final protocol

PROJECT TITLE:

Is adherence to a Mediterranean diet associated with cognitive function and dementia?

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Rationale

Diet plays an integral role in individuals' health status and it has been linked with the development of a range of chronic diseases [1, 2]. Specific nutrients and foods have drawn scientific attention for their potential beneficial effects on reducing the risk of chronic conditions. Thus, high consumption of fruits and vegetables has been found to be related with lowered risk for cardiovascular disease [3, 4] and cancer in different sites [5], while diets low in trans fatty acids and red meat and high in whole grain fibre and fish have been associated with lower rates of hypertension, coronary heart disease and type 2 diabetes [6-8].

The role of nutrition in cognitive function [9, 10] and dementia prevention [11] has been examined in epidemiological studies with conflicting results. Some studies have concluded to the beneficial role of specific nutrient intake in cognitive functions. Randomised controlled trials have showed improvements in cognitive tests after vitamins and trace elements [12], beta carotene [13] and folic acid supplementation [14], while cross-sectional studies have presented favourable findings for the role of unsaturated fats [15] and vitamin B-12 consumption in relation to cognitive performance [16]. Moreover, cohort studies have found associations between nutrients and foods and a decreased risk of dementia. These include antioxidants such as vitamin C and E [17, 18], flavonoids [19], moderate alcohol consumption and especially wine [20] and fish [21]. However, results from other observational studies do not support the protective effect of vitamins C and E [22], omega-3 and fish consumption on the risk of Alzheimer's disease [23] or an association between high intake of saturated fats and incident dementia [24].

Dietary patterns, as opposed to individual nutrients or foods, are an emerging area of research in recent years. It is believed that dietary patterns can reflect dietary behaviours of individuals more spherically, as they combine foods which in turn may have synergistic or antagonistic effects on health. The Mediterranean diet is a dietary pattern with promising findings associated with reduced risk of cardiovascular disease, some forms of cancer and all-cause mortality [2, 25]. The traditional Mediterranean diet refers to an eating behaviour characterised by 1) high intake of

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fruits, 2) vegetables, 3) cereals and 4) legumes, 5) low consumption of saturated fats with olive oil as the main source of fat, 6) moderate consumption of fish, 7) low to moderate intake of dairy products (in the form of yogurt and cheese), 8) low consumption of red meat and meat products and 9) moderate amount of alcohol , especially wine, usually consumed during meals [26]. Such a multi-nutrient approach includes most of the components studied in relation to cognitive decline and incident dementia. Thus, it is reasonable to believe that adherence to a Mediterranean diet may be protective against cognitive decline and dementia, while it may also prove useful in the management of malnutrition and vitamin deficiencies often observed in dementia patients and elderly people [27,28].

Purpose

Relationships between diet and physical health are well recognized as are the protective effects of the Mediterranean diet on the risk of various chronic diseases and longevity. The purpose of this systematic review is to investigate and determine the potential association between adherence to a Mediterranean diet and cognitive function and dementia.

Exposure

Adherence to a Mediterranean diet

Population

Adults (≥ 18 yrs)

Comparators

Low adherence to a Mediterranean diet

Outcomes to be examined

If possible, outcome measures will include:

- Measures of cognitive function
- Prevalent and incident dementia (i.e. Alzheimer's disease, Vascular dementia, all-cause dementia and other dementia subtypes)

Methods of synthesis of evidence of association

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The systematic review will synthesize evidence for the (strength of) association between adherence to a Mediterranean diet and cognitive function and dementia. The review will be undertaken following the general principles published by the NHS Centre for Reviews and Dissemination [29].

Search strategy

Refer to Appendix 1 for the draft search strategy for Medline.

The search strategy will comprise the following main elements:

- Searching the following databases: Medline, EMBASE and PsycINFO using the Ovid interface, HMCI, CINAHL, AMED, Cochrane Library and Web of Science.
- Scrutiny of reference lists of included studies
- Hand searching of relevant journals, e.g. Archives of Neurology, Journal of Alzheimer's Disease.
- Selected citation searching (searching for relevant studies from papers which have cited the studies that meet the inclusion criteria for the review)
- Contact with experts in the field
- Internet searching of the following relevant websites: Alzheimer's Society, Alzheimer's Disease Research, Alzheimer's Disease International, Alzheimer's Research UK and Alzheimer's Association.

Study selection criteria and procedures

Types of study to be included

- Studies that examine the association of a defined score used to measure adherence to a Mediterranean diet and include cognitive function and/or dementia as outcomes (with comparative data)
- Randomised clinical trials will be included, but it is anticipated their number will be limited if not minimal. All relevant observational studies and cross sectional studies will be included in the review. Although study design will not be used as an inclusion/exclusion criterion, methodology

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and reporting of each study will be assessed using a quality checklist developed for this review.

Types of study to be excluded

- Studies evaluating adherence to a non-specific dietary pattern or to a recommended dietary guideline but not to a Mediterranean diet
- Narrative reviews, letters, editorials, opinions
- Reports published as meeting abstracts only, where insufficient methodological details are reported to allow critical appraisal of study quality
- Animal models

Study selection

The titles and abstracts of references retrieved by the electronic searches will be screened for relevance by one reviewer and independently checked by a second using the pre-specified inclusion/exclusion criteria. Full-text copies of potentially relevant studies will be obtained. Using the same methods, the retrieved articles will be assessed for inclusion. Discrepancies will be resolved by discussion, with involvement of a third reviewer, where necessary. Duplicate papers will be double checked and excluded.

Quality assessment strategy

The quality of individual studies will be assessed by one reviewer, and checked by a second reviewer. Any disagreement will be resolved by consensus and if necessary a third reviewer will arbitrate. Appropriate quality assessment criteria will be used depending on the design and reporting of the included studies using a checklist adjusted for this review based on components from widely used scales and checklists [30-32].

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Data extraction strategy

Data will be extracted from included studies by one reviewer into a piloted, standardised data extraction form and checked by another reviewer. Discrepancies will be resolved by discussion, with the involvement of a third reviewer if necessary.

Data synthesis

Data will be tabulated and discussed in a narrative review. Where appropriate, meta-analysis will be employed to estimate summary measures of effect on relevant outcomes (based on intention to treat analyses for analysis of trials).

If meta-analysis is conducted it will be carried out using fixed and random effects models, using STATA. Heterogeneity will be explored through consideration of the study populations, methods and interventions, by visualisation of results and, in statistical terms, by the χ^2 test for homogeneity and I^2 statistic and, where appropriate, using meta-regression. Small- study effects (including publication bias) will be visually assessed using funnel plots and quantified using Egger's statistic.

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Appendix 1

Database: Ovid MEDLINE(R) <1946 to January Week 1 2012>

Search Strategy:

-
- 1 exp Diet, Mediterranean/ (995)
 - 2 (mediterranean adj2 diet*).ti,ab. (1425)
 - 3 1 or 2 (1683)
 - 4 cognit*.ti,ab. (151236)
 - 5 dement*.ti,ab. (54727)
 - 6 Alzheimer*.ti,ab. (68485)
 - 7 Lewy bod*.ti,ab. (4513)
 - 8 mental*.ti,ab. (179176)
 - 9 memor*.ti,ab. (136639)
 - 10 psychometric*.ti,ab. (19335)
 - 11 neuropsycholog*.ti,ab. (27805)
 - 12 frontotemporal lobar degenerat*.ti,ab. (846)
 - 13 exp mental competency/ or exp mental processes/ or cognition/ (657102)
 - 14 exp mild cognitive impairment/ or exp alzheimer disease/ or exp dementia, vascular/
(58540)
 - 15 exp Memory/ (83666)
 - 16 exp Neuropsychological Tests/ (55769)
 - 17 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 (1045087)
 - 18 3 and 17 (102)

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