



JOHNS HOPKINS
M E D I C I N E

Dietary influence on response to PM: Asthma and COPD

NADIA N HANSEL, MD MPH
PROFESSOR OF MEDICINE
JOHNS HOPKINS UNIVERSITY



BREATHE
CENTER

BRIDGING RESEARCH, LUNG HEALTH & THE ENVIRONMENT

Disclosures

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

Boehringer Ingelheim (Advisory Board)

Mylan Theravance (Advisory Board)

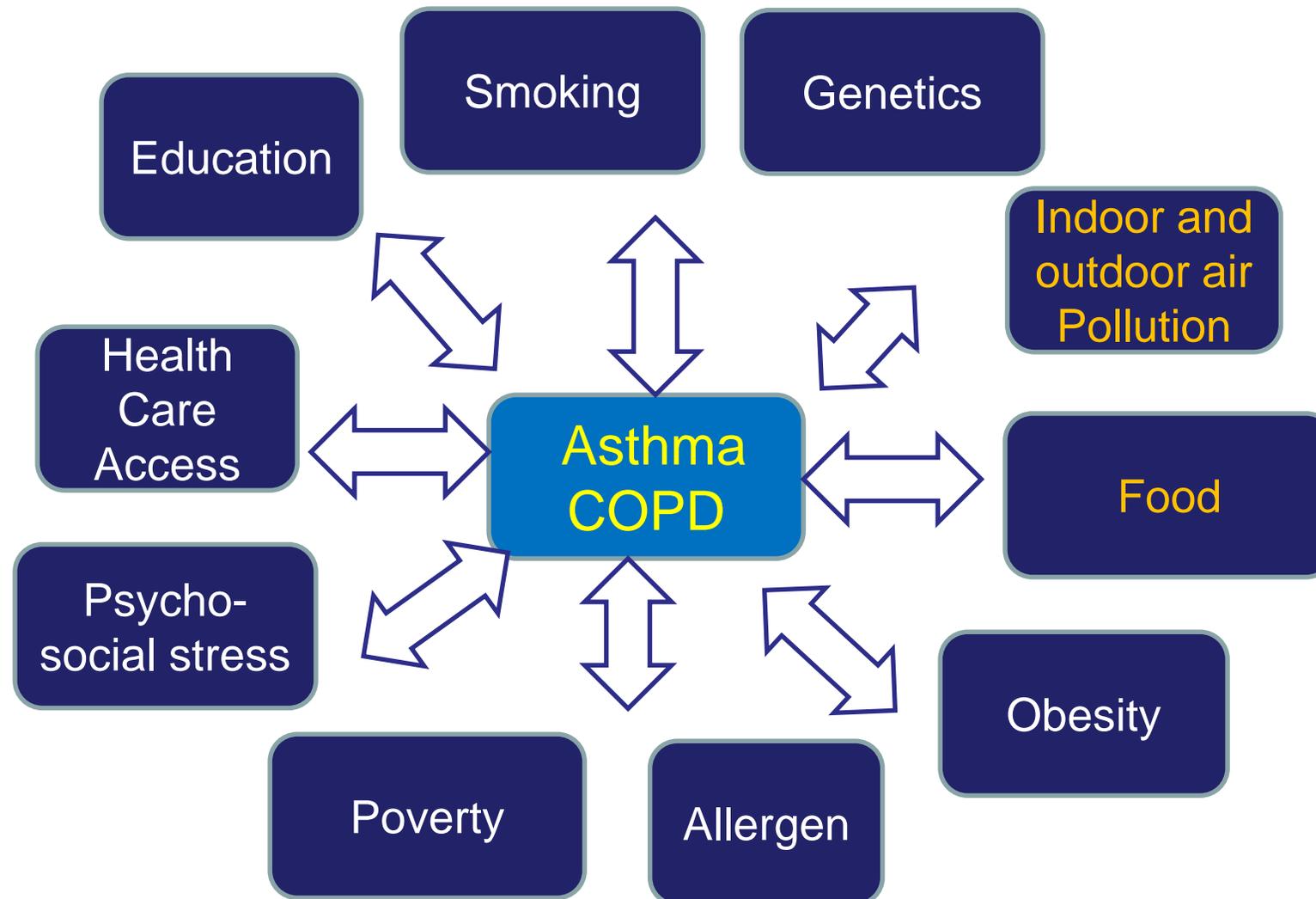
Astra Zeneca (grant support)

Austin Air for donation of air cleaners

(2) The following personal financial relationships with tobacco industry entities existed during the past 12 months:

None

Exposome: Many Factors Coalesce to affect respiratory health

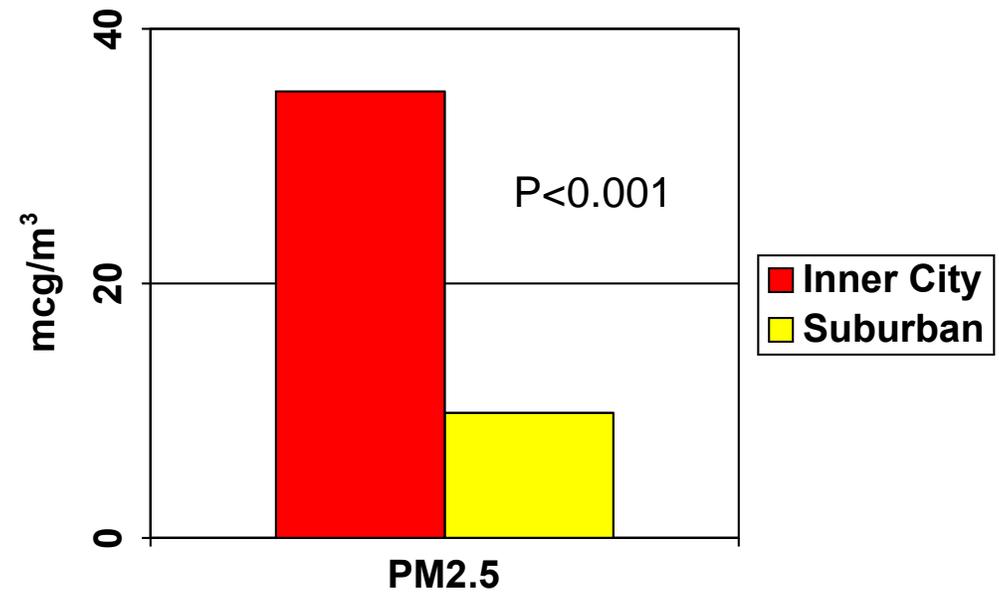
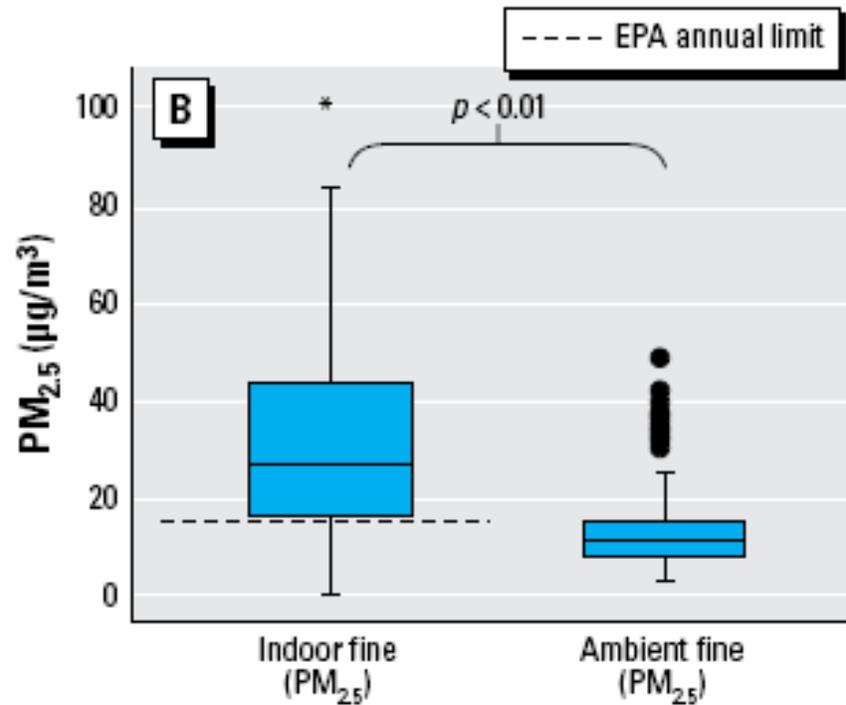


Sources of Indoor Pollution



Hansel et al. EHP 2009
McCormack et al EHP 2009
Paulin et al. J of Env Protection. 2013
Paulin et al. Env Research 2017

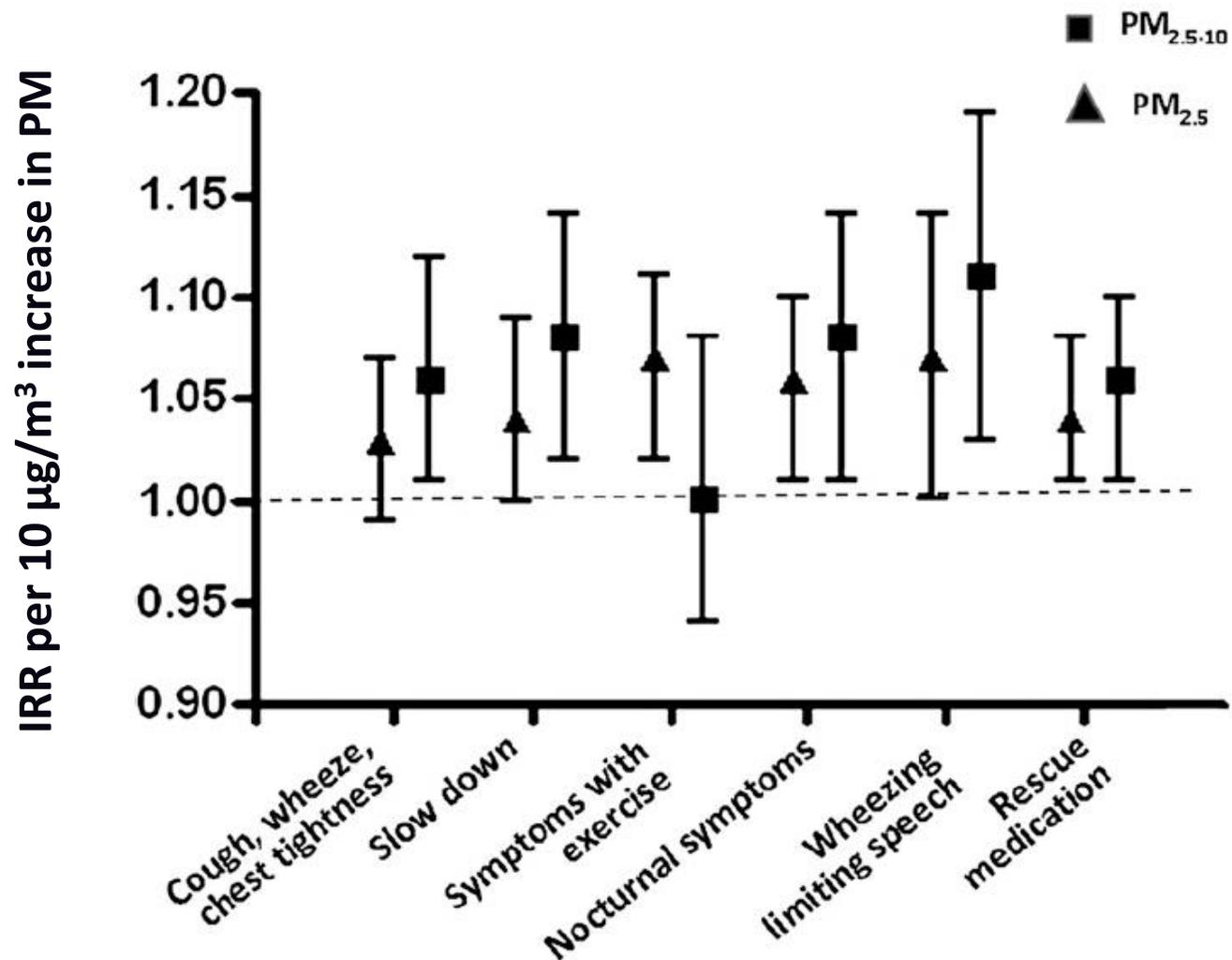
Low SES and pollutant burden in US Homes: PM levels in inner city Baltimore



Simons et al. 2007

McCormack et al. EHP. 2009

Indoor PM and Asthma Morbidity



In-Home Air Pollution Is Linked to Respiratory Morbidity in Former Smokers with Chronic Obstructive Pulmonary Disease

Nadia N. Hansel^{1,2}, Meredith C. McCormack^{1,2}, Andrew J. Belli¹, Elizabeth C. Matsui³, Roger D. Peng⁴, Charles Aloe³, Laura Paulin¹, D'Ann L. Williams², Gregory B. Diette^{1,2}, and Patrick N. Breyse²

- Non-smoking homes. Indoor PM was relatively low
 - ~11 ug/m³
- Indoor PM_{2.5} was associated with increases in
 - Severe COPD exacerbations
 - Respiratory Symptoms (MMRC)
 - Respiratory Health Status (SGRQ)
 - Rescue Medication use

Omega-3 and 6 polyunsaturated fatty acids

□ Omega-3 fatty acid

1. α -linolenic **acid** (ALA) (found in plant oils)
2. Eicosapentaenoic **acid** (EPA), (found in marine oils)
3. Docosahexaenoic **acid** (DHA), (found in marine oils)

Omega-3 fatty acids are found in oily fish like salmon and flaxseed and canola oils



ADAM

□ Omega-6 fatty acid:

Necessary for human health, but too much associated with disease

- a. Coronary heart disease and stroke
- b. Autoimmune disorders
- c. Cancers of the breast, colon, and prostate etc.

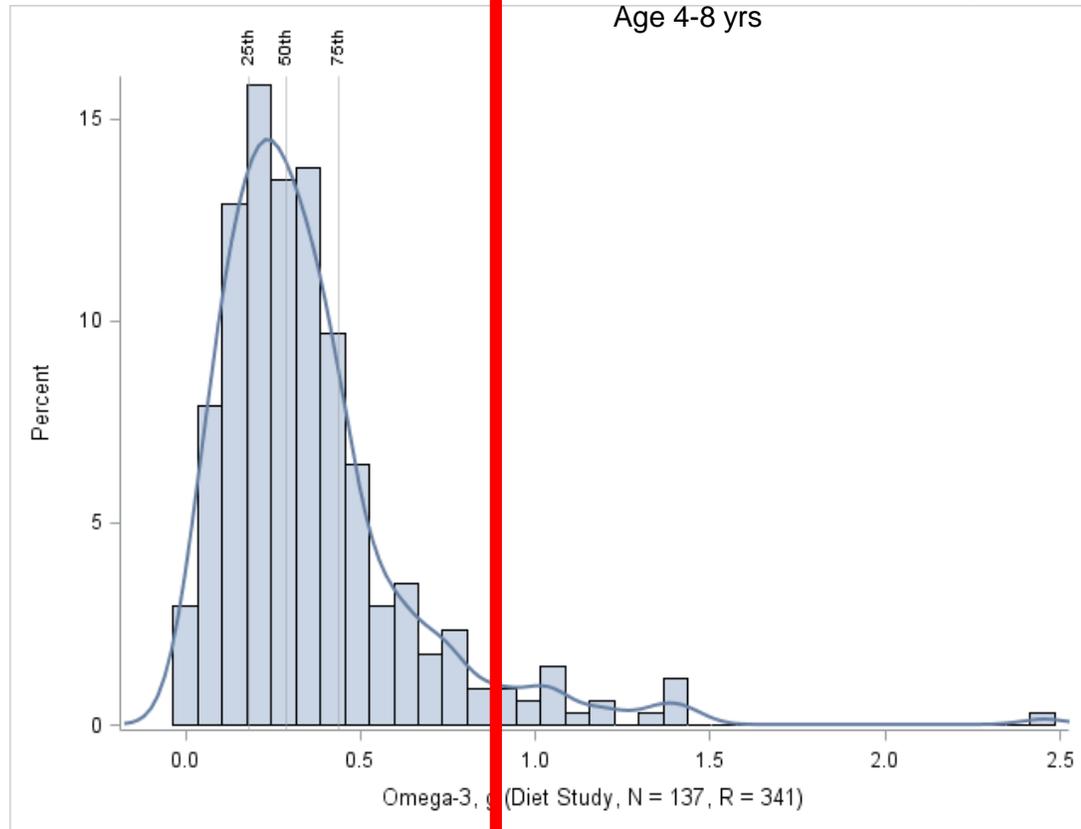


□ Balanced omega-3 and omega-6 fatty acids diet

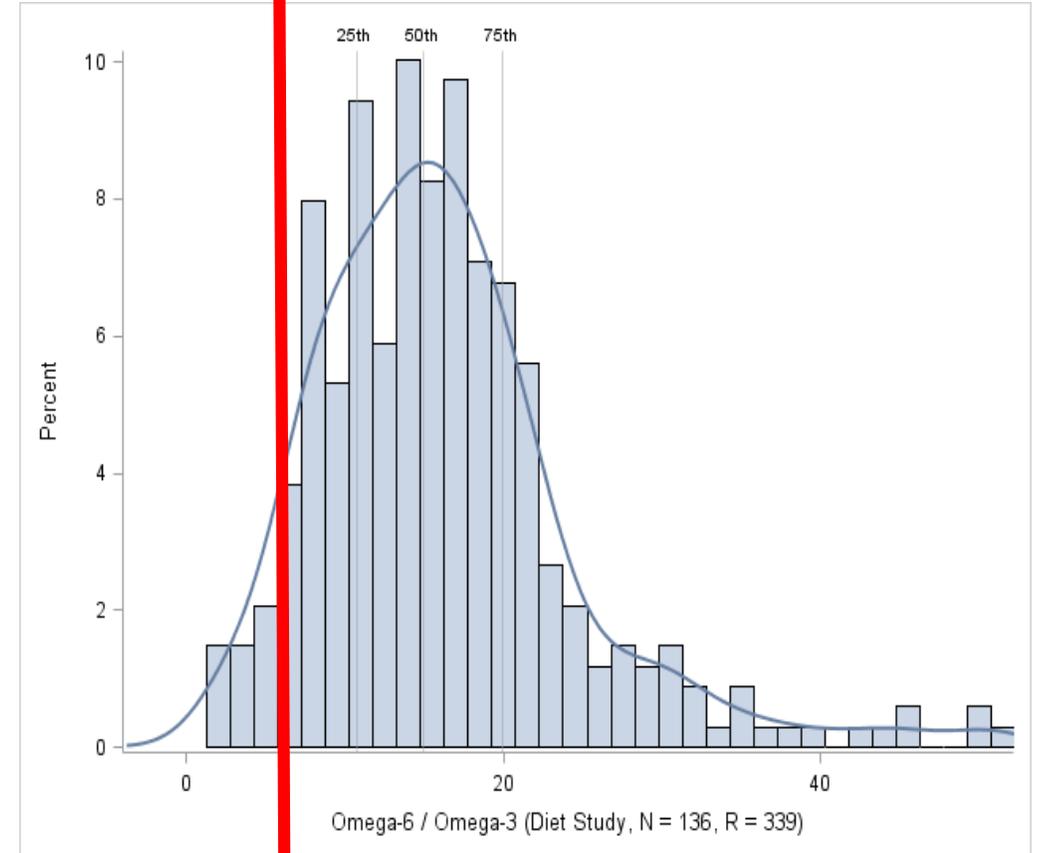
Dietary intake of Omega 3 and 6 PUFAs in Baltimore inner city children with asthma

Omega 3

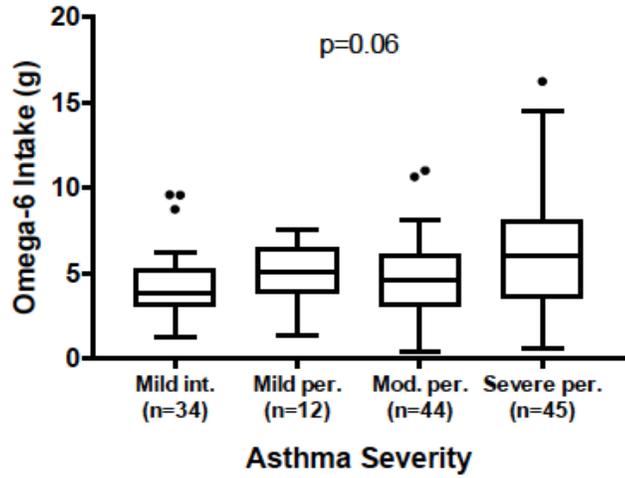
Recommended intake >0.9g
Age 4-8 yrs



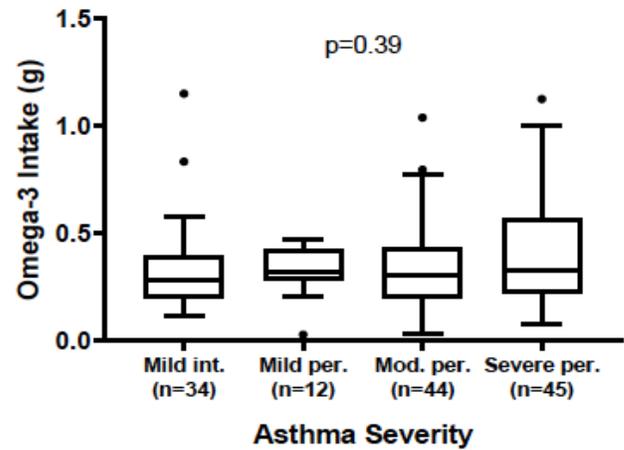
Omega 6:3



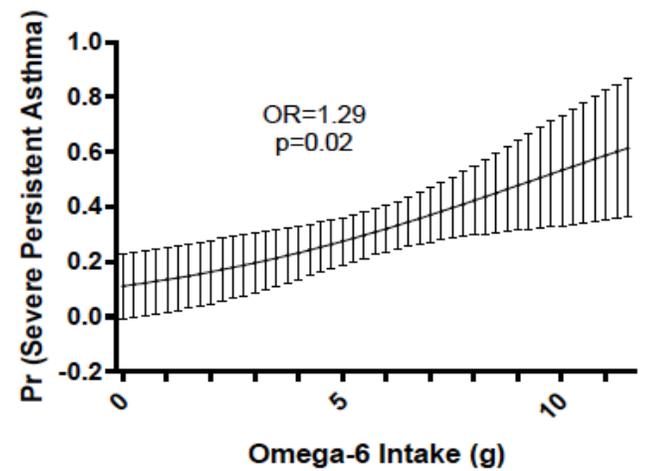
Omega-6 intake linked with increased risk of severe asthma



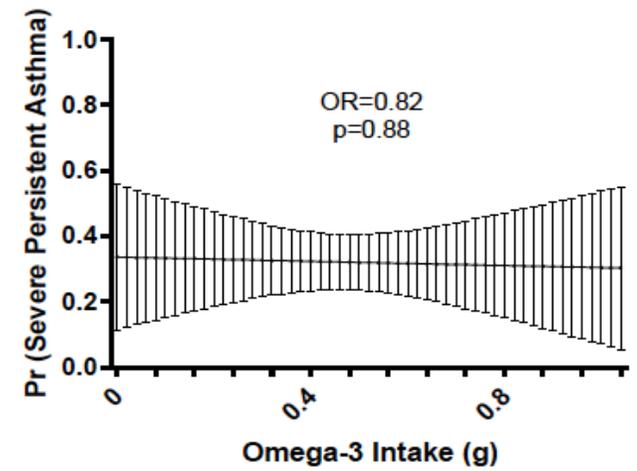
A.



B.

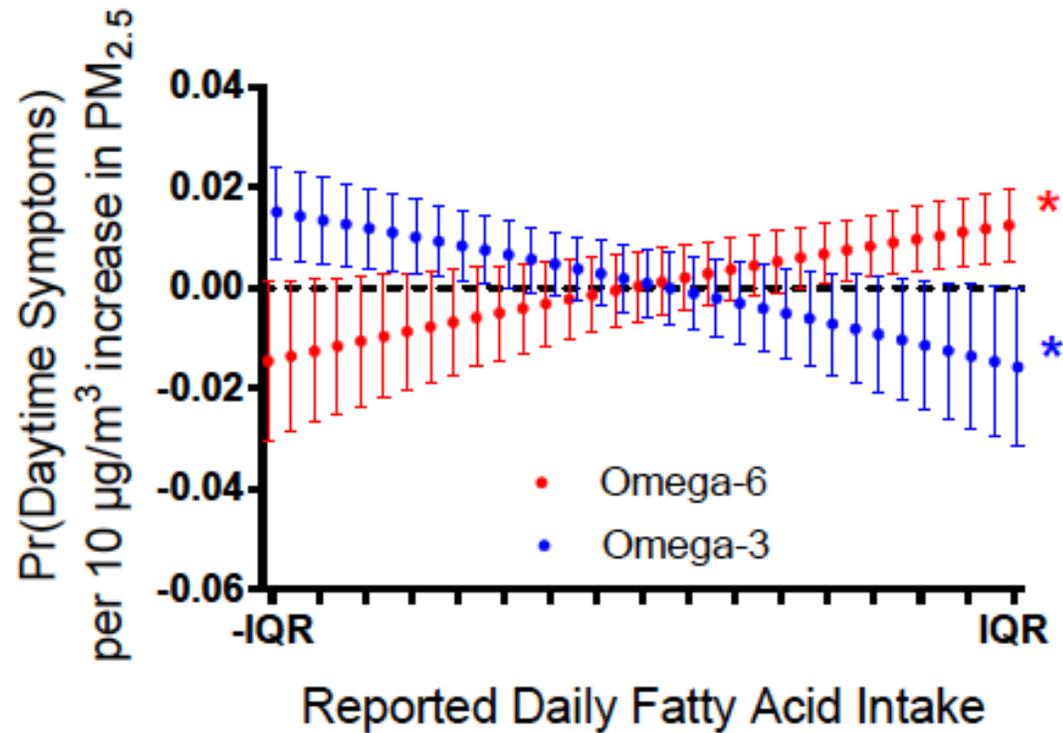


B.

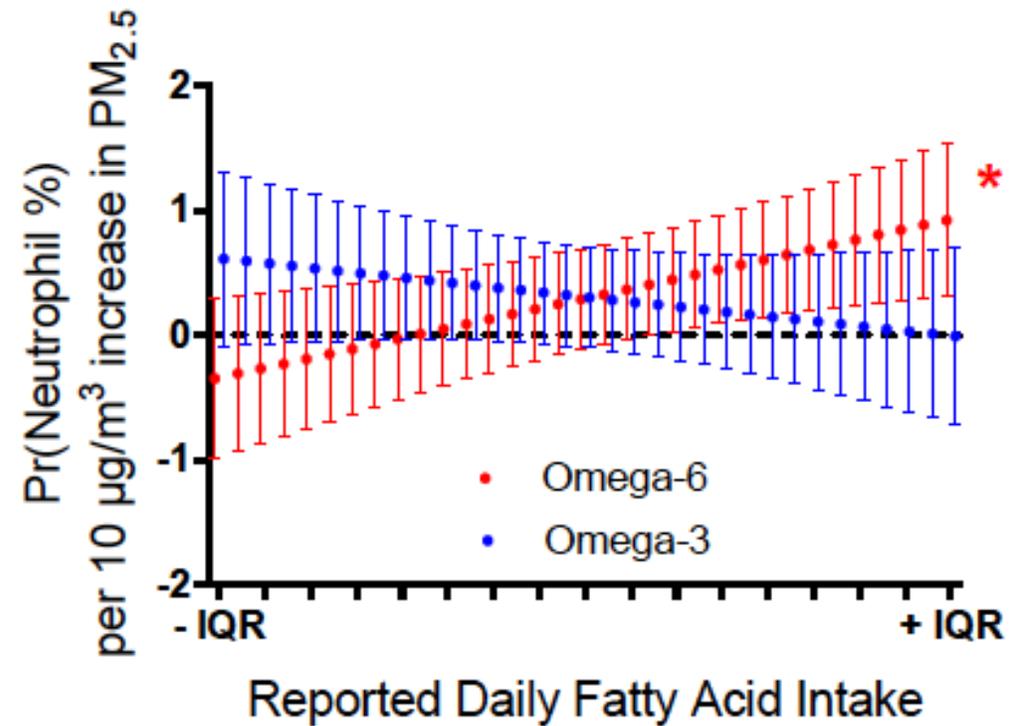


D.

Omega fatty acid intake modifies susceptibility to PM in kids with asthma



A.



B.

Omega intake in NHANES 2007-2012

COPD population

Association between PUFAs and COPD controversial

Fulton et al. Nutrition Reviews. 2015

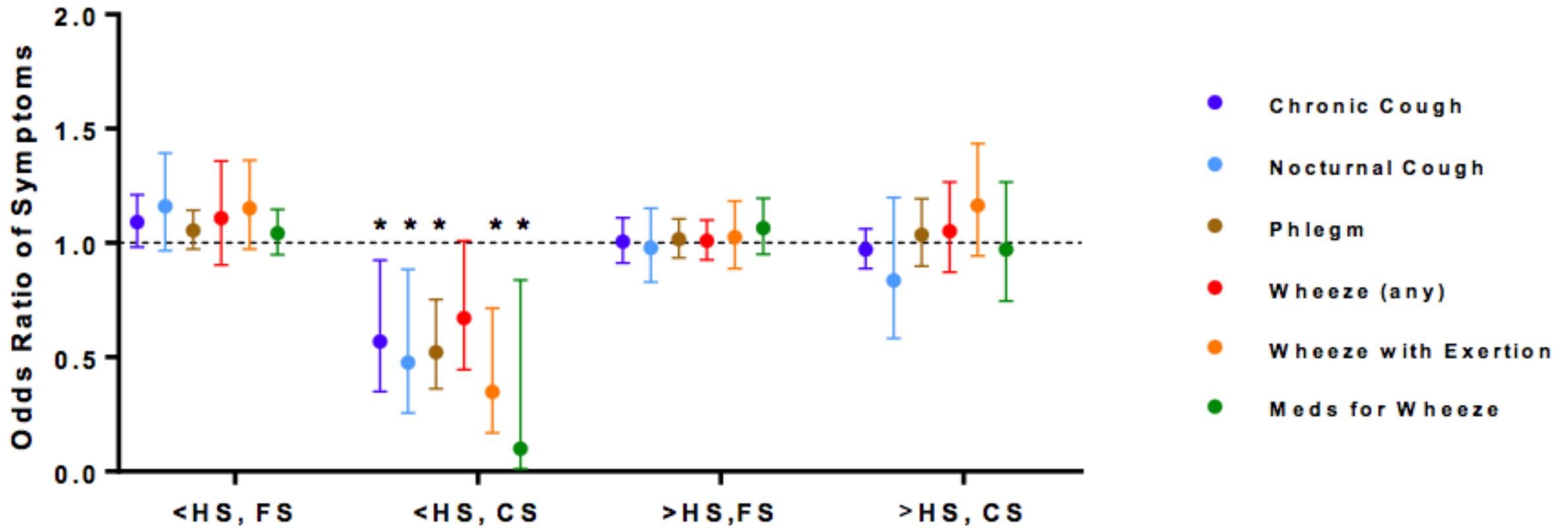
NHANES 2007-2012

- Age >40 years
- >100 cigs
- $FEV_1/FVC < 0.7$
- No asthma diagnosis
- N=878 of 27,528

Table 1 Characteristics of U.S. Adults with COPD, NHANES 2007–2012

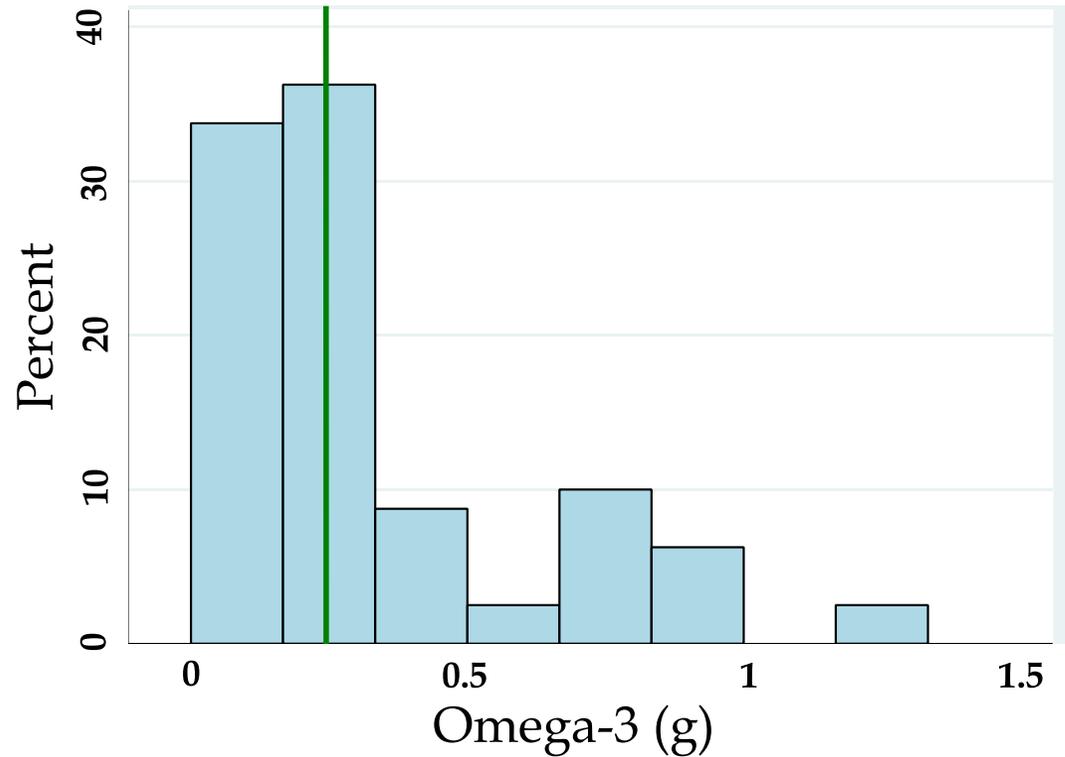
Demographics	
Age (years)	60.6 ± 8.4
Male (%)	63.5
Ethnicity (%)	
Non-hispanic White	85.1
Others	14.8
Pack-Years	30.4 ± 23.8
BMI, kg/m ²	27.3 ± 4.9
Dietary Intake	
Energy (kcal)	2112 ± 680
Omega-3	
EPA + DHA (g)	0.11 ± 0.21
ALA (g)	1.71 ± 0.89

Beneficial effect of EPA + DHA intake on respiratory symptoms among current smokers with low education



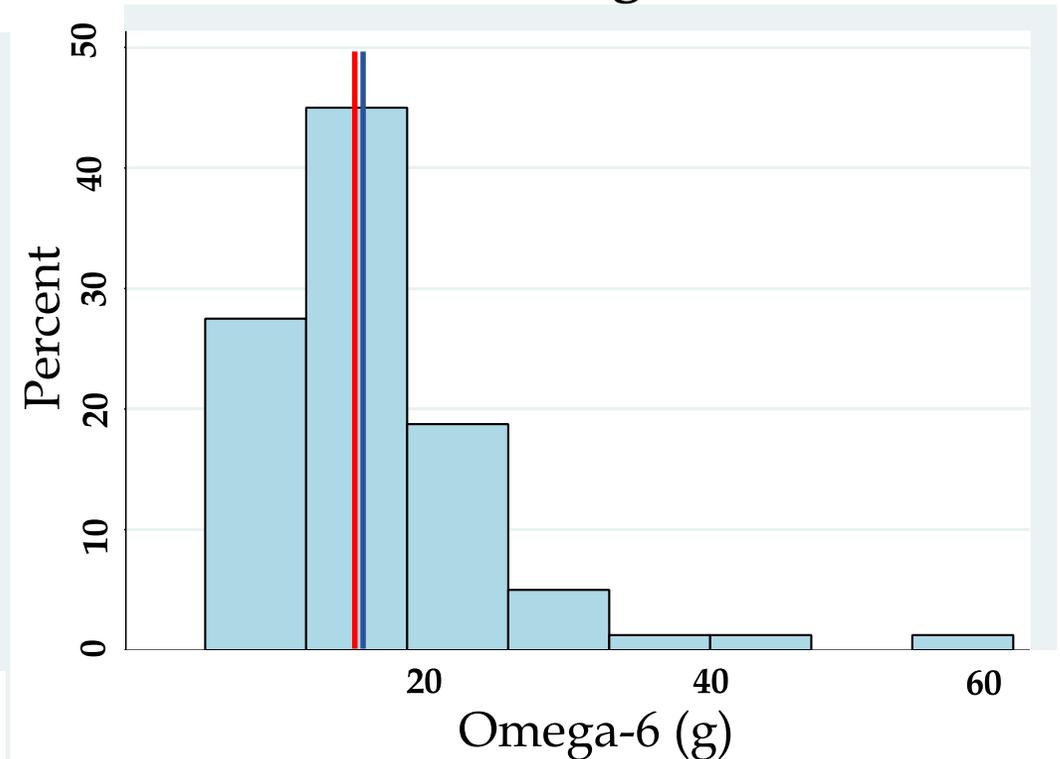
Dietary intake of Omega 3 and 6 PUFAs in adults with COPD

Omega-3



Recommended intake: >0.25 g/day

Omega-6



Recommended intake: 11-13 g/day (women)
15-16 g/day (men)

Omega 3 intake linked with COPD symptoms



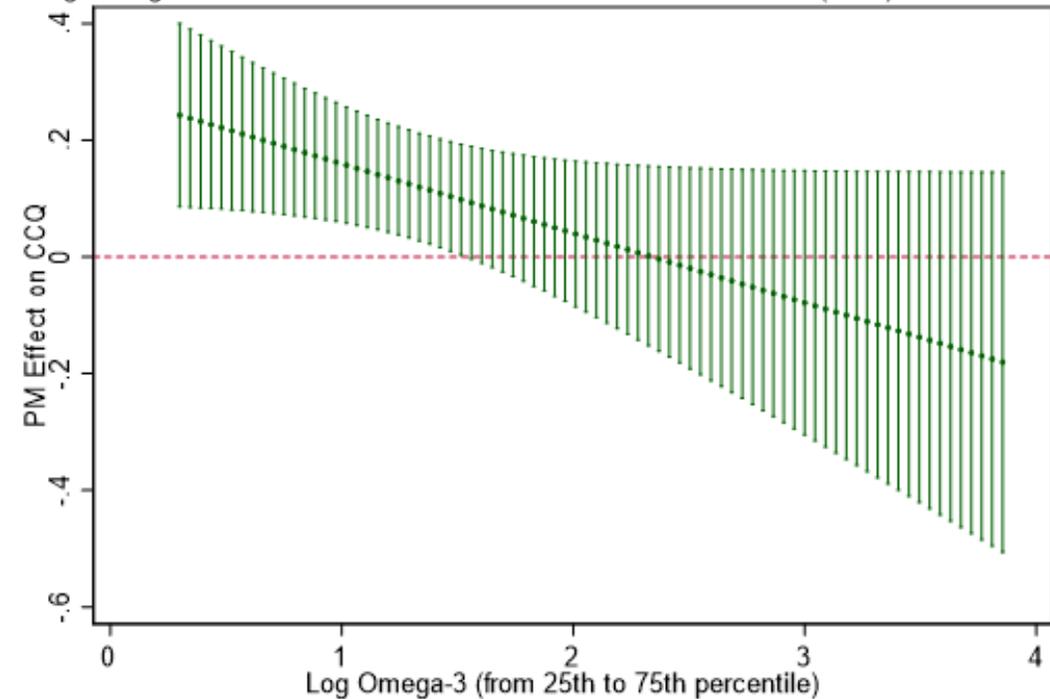
	Omega-3 (EPA + DHA)	
	β	p
FEV ₁ % Predicted	0.31	0.66
mMRC (OR)	0.80	0.03
CAT	-0.96	0.00
SGRQ	-1.88	0.01
CCQ	-0.11	0.01
6MWD	64.27	0.00
ECSS	-0.26	0.08
Exacerbations (OR)	0.90	0.38
ED visit/Hosp (OR)	0.86	0.18
Adjusted for age, gender, race (white vs. others), education (high school or less vs. more than high school), BMI, total calories, pack-years, FEV ₁ % predicted (except when FE ₁ % predicted is the outcome), omega 6 (ARA). Results represent 0.1g increase in omega-3.		

PM_{2.5} effect accentuated with low omega-3 in COPD

	Low Omega-3		High Omega-3		Interact p
	β	p	β	p	
mMRC	0.43	0.002	-0.10	0.498	0.039
Clinical COPD Q (CCQ)	0.46	0.004	0.05	0.413	0.038
FEV1 Post Pct Pred	-3.14	0.175	1.14	0.350	0.136

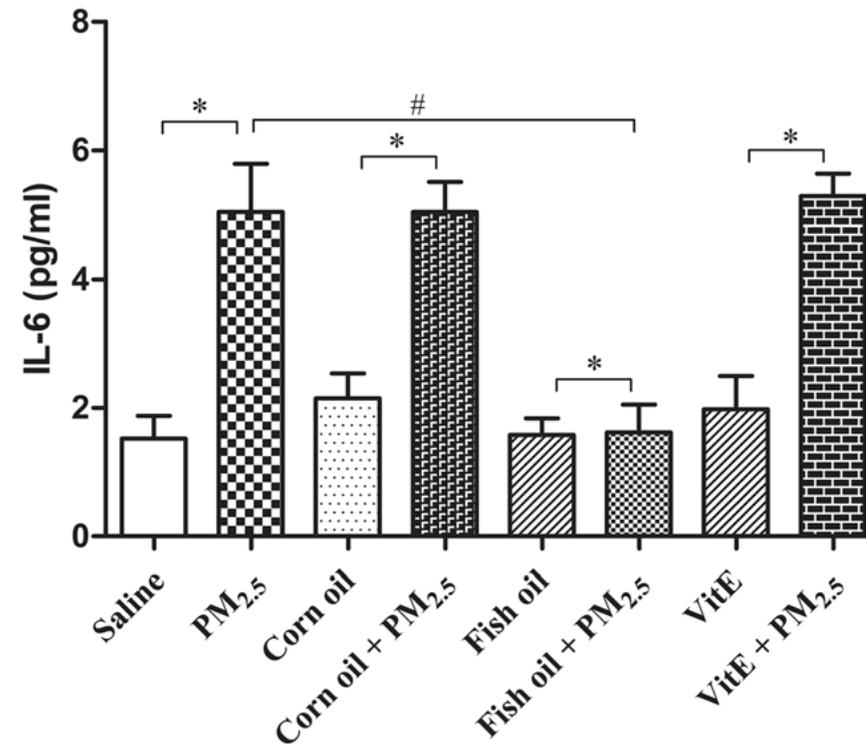
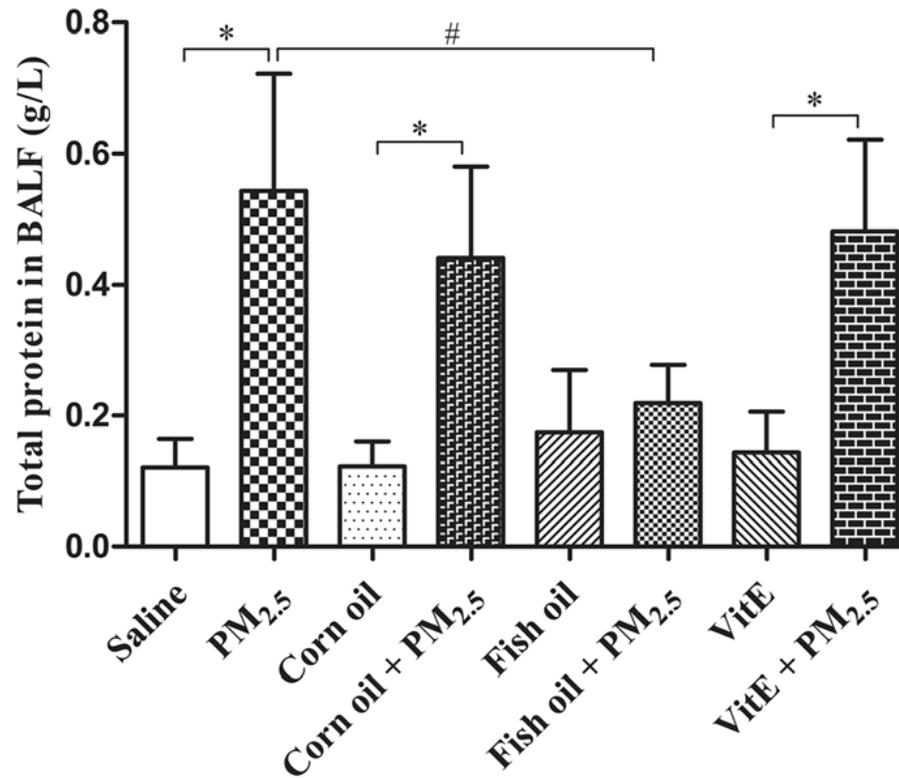
Model adjusted by race, education, BMI, calories, and packyears, n=77

Average Marginal Effects of PM_{2.5} on Clinical COPD Questionnaire (CCQ) with 95% CI



Fish oil attenuates PM-induced airway and systemic inflammation in rat lungs

A



Conclusions

- PUFA intake may have direct associations with airway disease outcomes, however, relationship may need to be taken in context of other exposures
- Omega 3 intake (EPA + DHA) may be protective against the adverse effects of particulate exposure on both asthma and COPD outcomes

Acknowledgements

NIEHS / NIMHD / NHLBI / EPA / HUD / Sacharuna Foundation

JHU Investigators

Gregory Diette
Meredith McCormack
Kirsten Koehler
Emily Brigham
Ana Rule
D'Ann Williams
Sonali Bose
Roger Peng
Laura Paulin
Nirupama Putcha
Meghan Davis
Seva Polotsky
Wayne Mitzner
Panagis Galiatsatos
Cindy Rand

U of Nebraska

Corrine Hanson

JHU Research Team

Karina Romero
Wendy Lorizio
Chantal Lemoine
Cheryl Clare
Eric Moughames
Han (John) Woo
Kim Ladson
Laura Grammer
Leonard Turnier
Maggie Maly
Meagan Scott
Molly Lauver
Rooti Lewis
Timothy Greene
Trevon Ball



BREATHE
CENTER

BRIDGING RESEARCH, LUNG HEALTH & THE ENVIRONMENT

@CenterBreathe