



Irish Section Meeting, 18–20 June 2014, Changing Dietary Behaviour: Physiology Through to Practice

The effect of seaweed derived polyphenols on inflammation and oxidative stress *in vivo* - The SWAFAX study

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Cardiovascular disease (CVD) is currently the leading cause of death worldwide⁽¹⁾. Epidemiological evidence has shown a positive effect of polyphenol intake on CVD risk⁽²⁾. Seaweed is a rich source of polyphenolic compounds, which can comprise 5 to 15% of the dried weight⁽³⁾. Some studies suggest that the potential antioxidant and anti-inflammatory benefits of seaweed-derived polyphenols may yield highly bioactive components with commercial potential for food and pharma applications⁽⁴⁾. The aim of this randomised, double-blind, placebo controlled, crossover design study was to investigate the biological activity of a food grade seaweed polyphenol extract (CEVA, France) in terms of reducing oxidative damage to DNA, modulation of inflammatory responses and reduction on chronic, low level inflammation *in vivo*.

Volunteers were randomised to receive either a capsule containing 100 mg seaweed extract or a matched placebo daily for an 8 week period, with an 8 week washout period between each treatment. Fasting blood and urine samples were taken from each volunteer at 4 time-points during the study, at baseline and completion of the 2 treatment phases.

80 apparently healthy volunteers (42.7 (SD 7.1) years, BMI 30.2(SD 3.9) kg/m²) were recruited onto the study for 24 weeks; *n* = 78 completed both treatment periods. Blood and urine samples were analysed for an array of outcome measures including DNA damage to lymphocytes (Comet assay), intracellular cytokine activity (flow cytometer) (in preparation), C-reactive protein (CRP), triglycerides and isoprostane levels.

| Parameter (<i>n</i> = 78) | Average baseline value (both) | Placebo treatment effect (change from pre) | Seaweedtreatment effect (change from pre) | Sig. |
|--|-------------------------------|--|---|------|
| CRP(mg/l) ¹ | 2.67 (3.90) ³ | 0.01 (3.30) | -0.83 (4.9) (31%↓) | NS |
| Cholesterol (mmol/l) | 5.20 (0.77) | -0.06 (0.57) | -0.10(0.57) | NS |
| Triglycerides (mmol/l) | 1.51 (0.94) | 0.01 (0.82) | 0.04(0.96) | NS |
| HDL (mmol/l) | 1.37 (0.32) | -0.01 (0.15) | -0.03 (0.15) | NS |
| LDL (mmol/l) | 3.16 (0.10) | -0.08 (0.50) | -0.06 (0.50) | NS |
| DNA damage (basal) % | 6.72 (2.48) | 0.74 (2.86) | -0.41(3.13) | NS |
| DNA damage (+H ₂ O ₂) % | 34.20 (7.00) | -1.56 (6.60) | -2.03 (6.40) | NS |
| F ₂ Isoprostanes (pg/ml) ² | 392 (219) | -10 (182) | -6 (138) | NS |

¹Outliers removed s11, s16; ²Analysis performed on *n* = 40 only; ³Values are mean (SD); NS = not significant.

There were no significant changes in either the placebo or seaweed treatment group for any of the parameters measured. However, there was a 31% decrease in CRP, although this did not reach statistical significance. The inflammatory markers are yet to be analysed but may provide additional information on the anti-inflammatory potential of a range of novel seaweed extracts that could be further exploited.

This work is funded by the European Commission under the Capacities Programme (FP7) (no. 262519).

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