

"We have done a test on that urine ... We do know that 50 per cent of them turned up today dehydrated, which is not a good sign."

Austrailian Institute of Sport, 1<sup>st</sup> Gatorade Fellow Kelly Drew

In 1996, the American College of Sports Medicine produced guidelines that adopted a "zero % dehydration" doctrine, advising athletes to "drink as much as tolerable".



Dehydration can happen to Anyone...

...Playing Any Sport!

Diabetes UK: "Drink small amounts frequently, even if you are not thirsty—approximately 150 ml of fluid every 15 minutes—because dehydration dramatically affects performance"

"The human thirst mechanism is an inaccurate short-term indicator of fluid needs" Bob Murray

Gatorade Sports Science Institute 2008



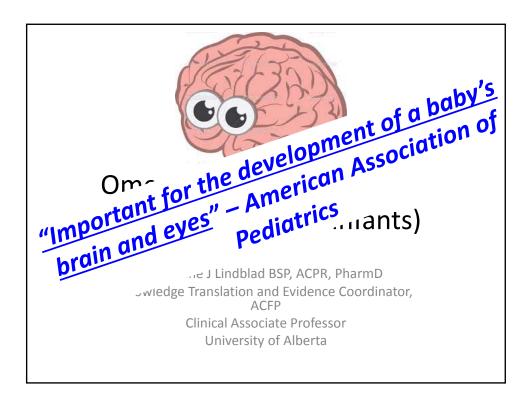
# Evidence

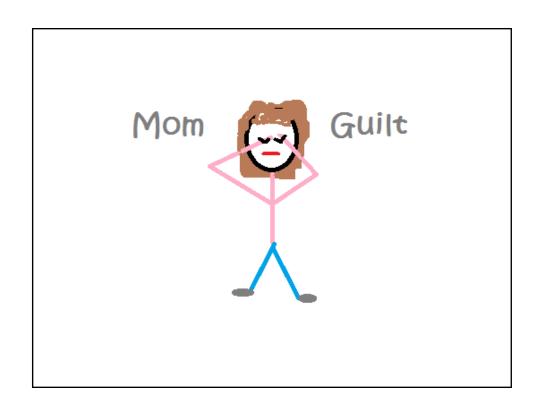
"The combination of thirst and the consumption of beverages at meals, allows maintenance of hydration"

Institute of Medicine 2004

We conclude that over prolonged periods carbohydrate ingestion can improve exercise performance, but consuming large amounts is not a good strategy particularly at low and moderate exercise intensities and in exercise lasting less than 90 minutes. There was no substantial evidence to suggest that liquid is any better than solid carbohydrate intake and there were no studies in children. Given the high sugar content and the propensity to dental erosions children should be discouraged from using sports drinks.

BMJ 2012;345:e4797





# Systematic Reviews

- At least 11 systematic reviews on visual and cognitive development:
  - 5 "positive"<sup>1</sup>, 6 "negative"<sup>2</sup>

1. Koletzko. Ann Nutr Metab. 2014;65:49-80. Jiao. Am J Clin Nutr. 2014;100:1422-36. Qawasmi. Pediatrics. 2013;131:e262-72. SanGiovanni. Early Hum Develop. 2000;57:165-88. Campoy. Br J Nutr. 2012;107:S85-S106.

2. Gibson. Lipids. 2001;36:873-83. Sun. J Perinatol. 2010;50:867-74. Beyerlein. J Perinat Gastroenterol Nutr. 2010;50:79-84. Lewin. AHRQ. 2005 No. 05-E025-2. Simmer. Cochrane Database System Rev. 2011;12:CD000376. Qawasmi. Pediatrics. 2012;129:1141-9.

# **Neurocognitive Outcomes**

- Koletzko 2014 (example)
  - 2 meta-analyses: no effect on cognition
  - 5 newer studies: effect on some measures at 6-9 years of age
    - Agostoni: higher IQ at 4 months, but not 1 or 2 years
    - DeJong: at 9 years, no benefit except among infants whose mothers smoked. If no smoking, verbal memory scores lower, but executive function scores higher
    - Colombo: at 6 years, benefit on 3 scales of cognition, no effect on 3 others
    - Willats: at 6 years, no difference in IQ on 3 tests, but PUFA
       1.4 seconds faster at processing information
    - Drover: no difference in school readiness; PUFA had lower receptive vocabulary at 2 but not 3.5 years

### Vision: 12 months

- Two meta-analyses (examples):
- 1. LogMAR WMD=-0.11 (-0.14, -0.02)
  - Equals ~1 line on Snellen chart improved with PUFA but LOTS inconsistency (I<sup>2</sup>=92%).<sup>1</sup>
- 2. LogMAR Mean Difference: -0.15 (-0.17, -0.13). I<sup>2</sup>=0%.<sup>2</sup>
  - Based on 3 studies from the same group using sweep VEP only
  - No difference on Teller (3 RCTs) or Sweep VEP (Cy/deg; 1 RCT) -0.01 Cy/deg (-0.12, 0.11) I<sup>2</sup>=0%
  - 1. Qawasmi 2013. 2. Simmer 2011

### **Bottom Line**

- No consistent effects on neurocognitive outcomes
  - no benefit long-term.
- Vision
  - One group consistently finds small benefits at 12 months (at best one line difference on Snellen chart), but others haven't replicated.
- Likely no negative effects except \$\$\$





# **Chocolate & Cardiovascular disease**

- 6 systematic reviews
  - 5-9 observational studies (mostly prospective cohort)
  - 75,408-157,809 adults and followed 8-16 years
  - Highest consumption versus little to no consumption

Outcome	Relative Risk	Notes
CVD overall	0.63 (0.44-0.90)	0.75 (0.54-1.05) 2 studies vs 6
MI/Angina	0.90 (0.82-0.97)	0.71 (0.56-0.92) & dose analysis +ve
Stroke	0.81 (0.73-0.90)	0.71 or 0.81 & dose analysis +ve
Heart Failure	0.81 (0.66-1.01)	0.95 (0.61-1.48) 2 studies vs 5

1) BMJ. 2011;343:d4488. 2) Heart. 2015;101:1279-87. 3) Heart. 2016;102:1017-22. 4) Neurology. 2012;79:1223-9. 5) Nutr Metab Cardiovasc Dis. 2016;26:722-34. 6) Curr Atheroscler Rep. 2011;13:447-52.

## **Surrogates and Other Health Issues**

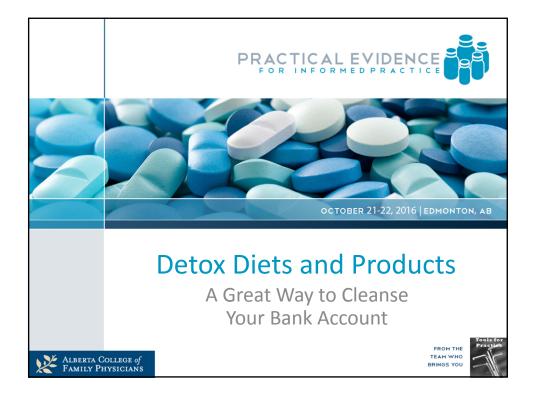
- Blood pressure: 3 Sys Rev<sup>1</sup>
  - 10-20 RCTs, 297-856 pts
  - → ~3.6 Systolic & ~2.5
    Diastolic
  - Less if normotensive, longer study or if comparator had any cocoa.
- Lipids: 2 Sys Rev<sup>2</sup>
  - 8-10 RCTs, 215-320 pts

  - No other statistical different

- Depression<sup>1</sup>
  - No research (?emotional change ≤90 minutes)
- Headache (migraines)<sup>2</sup>
  - No clear association
- Acne
  - Observational data: Chocolate ~doubles risk of acne³
  - 2 RCTs (13 and 54 patients)<sup>4</sup>
  - — <sup>~</sup>4-5 lesions after 2-3 days.

1) Cochrane 2012;8:CD008893. Am J Hypertens. 2010;23:97-103. BMC Med. 2010 Jun 28;8:39. 2) Eur J Clin Nutr. 2011;65:879-86. Am J Clin Nutr. 2010;92:218-25.

1) Nutr Rev. 2013;71:665-81. 2) Acta Biomed. 2014;85(3):216-21. 3) Dermatology 2015;230:34–39. 4) J Clin Aesthet Dermatol. 2014;7:19–23. J Am Acad Dermatol. 2016;75:220-2.



## What is Detox?

- Multiple modalities promoted<sup>1</sup>
- Detox diets, colon "cleanses", foot bath detox, oxygen detox, chelation therapy
- Some even promote massages and yoga as forms of "detox"

1. Harvard Health. "The Dubious Practice of Detox". Available online.





#### Foot Bath Detox

- A case study in deception<sup>1</sup>
- Either through a patch adhered to the bottom of the foot or a foot bath with a special "ionic" solution
- Claim it works because patch and bath water change colour, proof that toxins are being pulled out
- Patch changes colour from distilled water too
- Foot bath changes colour because electrodes in it are designed to rapidly corrode when exposed to salt
- The brown water is from rust

1. Harvard Health. "The Dubious Practice of Detox". Available online.





### **False Premises**

- 1. "Our bodies accumulate toxins"<sup>2</sup>
  - Never list WHICH toxins they're removing
  - No evidence of "mucoid plaques" in colon
- 2. "Illness is the result of chemical toxins"
  - Never specific; laundry list
  - Consider how much research needed to link
     ACTUAL toxins to specific diseases eg. Smoking

2. Science Based Medicine. "Detox: What 'They' Don't Want You to Know". Available online.





### **False Premises**

- 3. "Detox treatments remove toxins"<sup>2</sup>
  - "No RCTs have been conducted to assess the effectiveness of commercial detox diets in humans"<sup>3</sup>
  - No evidence for coffee enemas, vitamin injections, chelation therapy, or massage<sup>2</sup>

2. Science Based Medicine. "Detox: What 'They' Don't Want You to Know". Available online. 3. J Hum Nutr Diet 2015;28:675-86.





### First Do No Harm

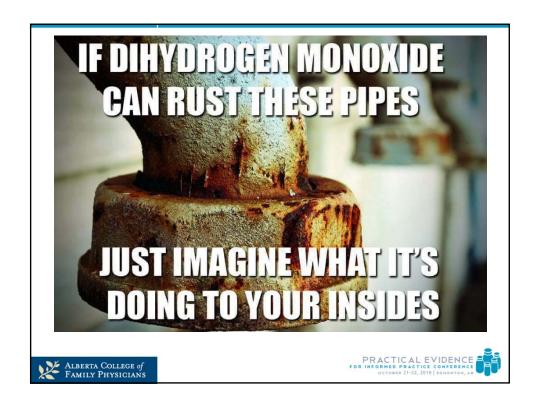
- Coffee enemas: cases of septicemia, rectal perforation, serious electrolyte abnormalities and even death<sup>2</sup>
- Chelation linked to deaths in child and adult<sup>4</sup>

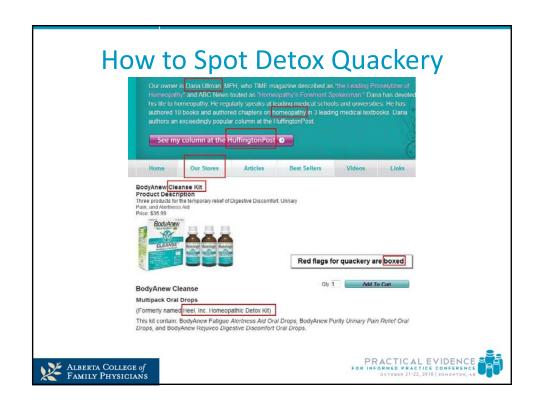
2. Science Based Medicine. "Detox: What 'They' Don't Want You to Know". Available online.

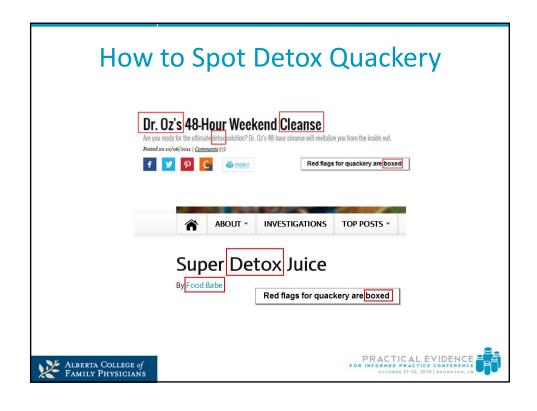
4. JAMA. 2006;295(18):2131-213:













### **Aspartame**

(L-a-aspartyl-L-phenylalanine methyl ester)

- NutraSweet or Equal
- Acceptable Daily Intake: 40-50mg/kg or 3750mg for 75kg
- 200mg in 355ml diet cola (19 cans of coke)
- Mean daily consumption US: 114mg



## **Aspartame and Cancers**

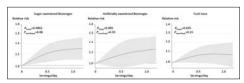
- 3 large cohort studies:
  - Examine diet (ideally >once) → aspartame intake
  - follow for years
  - Count hematological and brain cancers
- No conclusive evidence: 1 study only in men
   ≥1 serving per day had ↑ NHL
  - Not dose-response
  - Not found in women (? multiple comparisons)
  - Possible misclassification bias

Cancer Epidemiol Biomarkers Prev 2006;15(9):1654, Am J Clin Nutr 2012;96:1419, J Nutr 2014;144:2041

# Aspartame and DM

- DM: SR: 17 prospective cohort studies
  - Consumption of sugar sweetened or low cal soft drinks, fruit juice → DM risk per # servings/day (250ml)
  - Limitations: self reported DM, old studies (1960s), significant heterogeniety
- Each additional serving/day: ↑ DM risk 8% (RR)
- Adjust for within person variability 28% 个 (similar to sugared sweetened beverages)
- ? Publication bias, residual confounding (obese), association

BMJ 2015;351:h3576



# **Aspartame Bottom Line**

- Best evidence does not support a strong association between aspartame and cancers
- Possible association with DM (what came 1st?)





