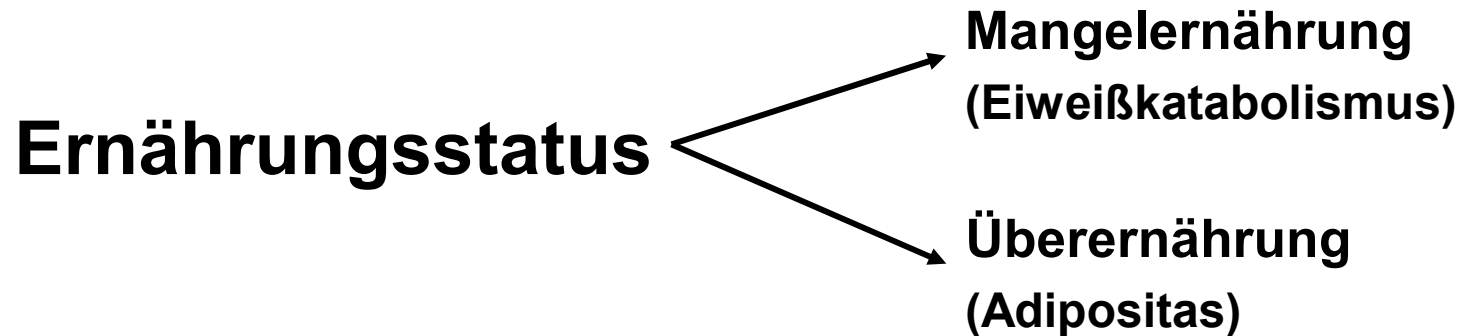


Was ist Immunonutrition?

***Erich Roth,
Chirurgische Forschungslaboratorien,
Medizinische Universität Wien***



Ernährung - Immunkompetenz



Makro-Mikronährstoffe

Zufuhrweg

1. Warum Immunonutrition

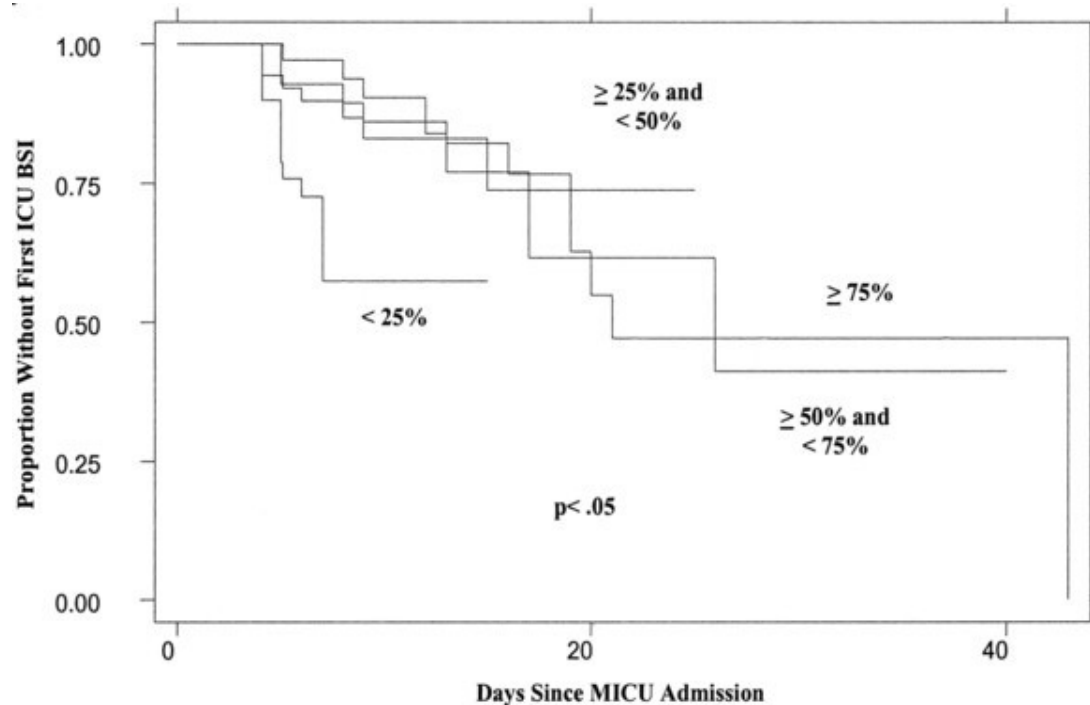
The Delayed Hypersensitivity Response and Host Resistance in Surgical Patients. 20 years later

- **4292 patients**
- **mortality of DTH reactive patients: 2.9 %**
- **Anergic patients: 20.9 % (p<0.0000001)**
- **Lack of T cells**
- **Only a mild malnutrition in anergic patients**
- **PN failed to correct the DTH response**

N.V. Christou et al, *Ann Surg* 1995: 222; 534

Low caloric intake is associated with nosocomial bloodstream infections in patients in the medical intensive care unit

- 138 adult patients not taking food by mouth for more than 96 h after medical ICU admission



Nutrient deprivation

↓ Energy charge – ↑ AMP:ATP

cell survival
mitochondrial biogenesis
glycolysis
fatty acid oxidation

⊕

AMPK*

⊖

protein synthesis
fatty acid synthesis
cholesterol synthesis

growth factors
thyroid hormones

Nutrient-rich conditions
amino acids, leucine
insulin

m-TOR^o

cell size

proliferation

Immune-stimulation

translation

S6 kinase 1

eIF4E

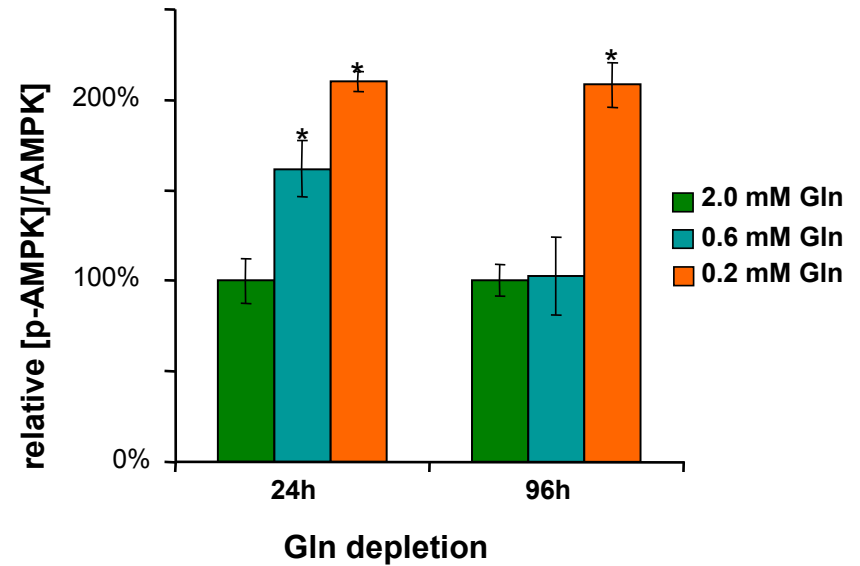
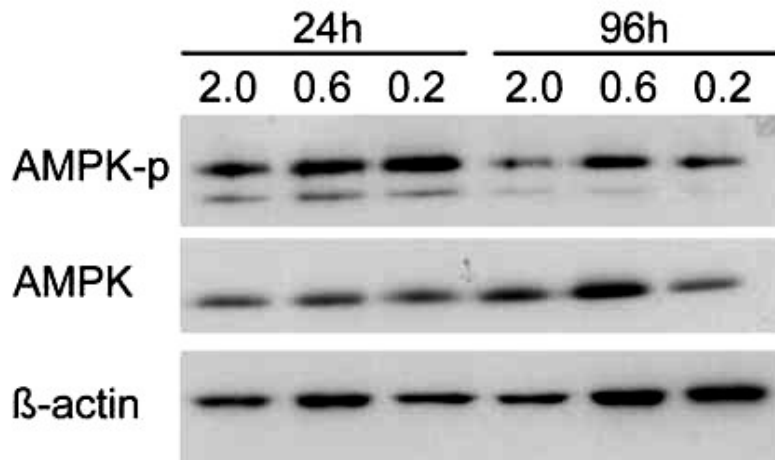
*AMP-activated kinase

^omammalian target of rapamycin

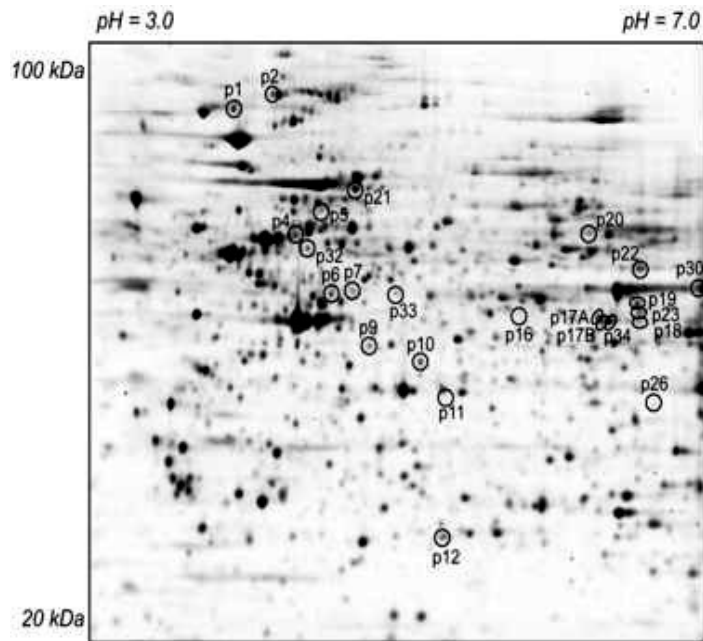
4 days of Gln depletion



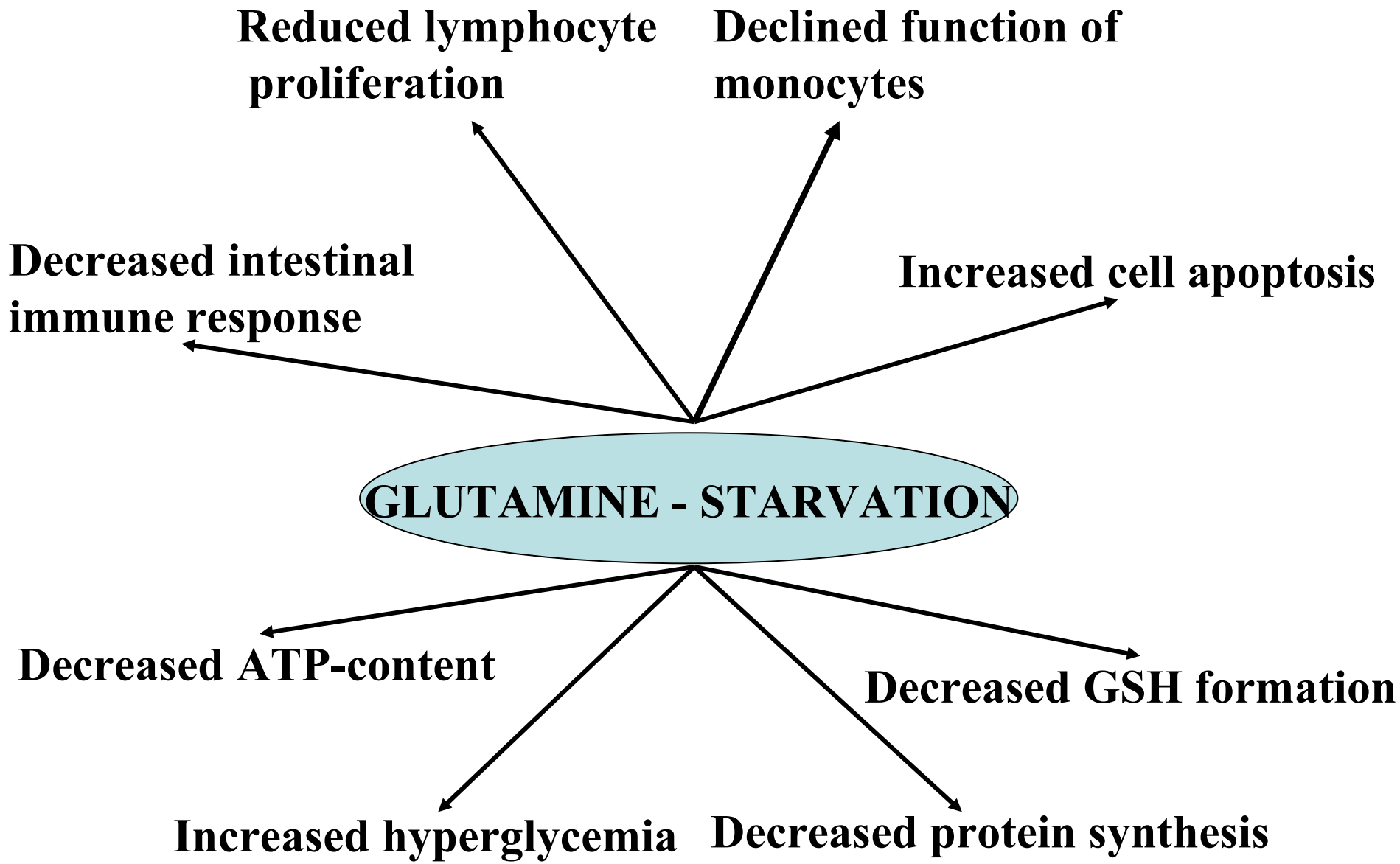
AMPK phosphorylation



Altered protein expression after 4 days of Gln depletion



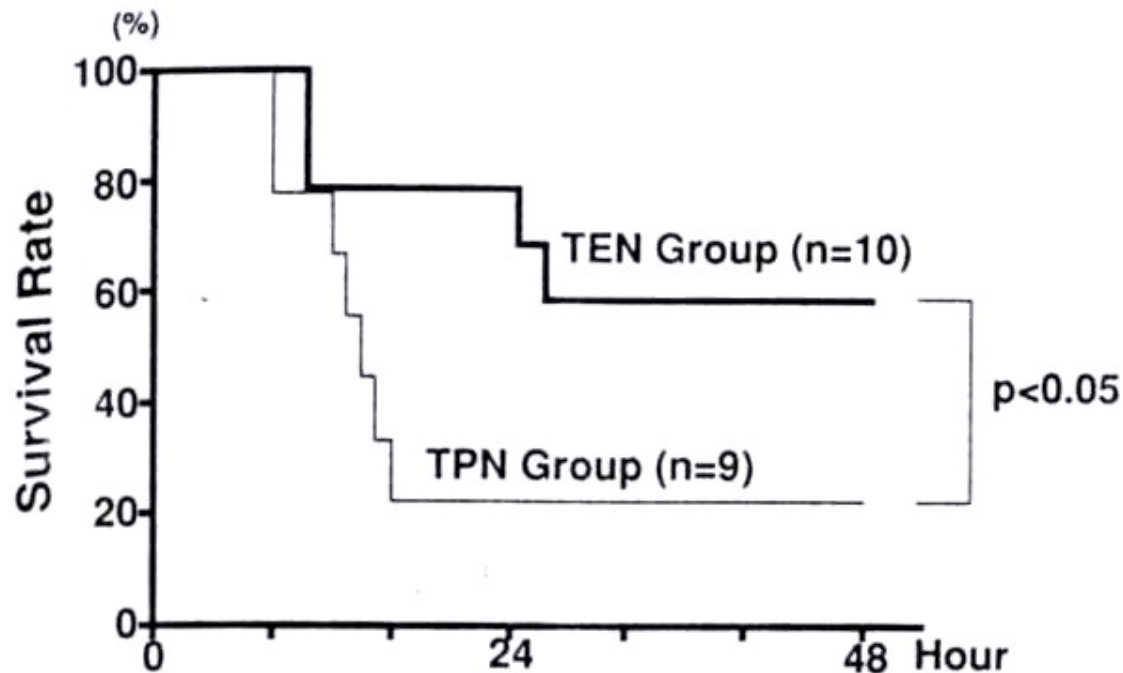
Spot ID	SwissProt Acc. Nr.	Protein Name	spot position	
			MW [kDa]	pI
p1	-			
p2	P34932	Heat shock 70 kDa protein 4 (Hsp-4)	100	5.2
p4	Q12874	Splicing factor 3A subunit 3 (SAP 61)	60	5.3
p5	-			
p6	P52597	Heterogeneous nuclear ribonucleoprotein F (hnRNP F)	45	5.5
p7	-			
p11	Q96C86	Scavenger mRNA decapping enzyme (DcpS)	35	6.0
p12	-			
p14	P40925	Malate dehydrogenase (MDH)	35	6.5
p16	-			
p17A	P49411	Elongation factor Tu, (EF-Tu)	42	6.5
p17B	P49411	Elongation factor Tu, (EF-Tu)	42	6.5
p18	-			
p19	P52209	6-phosphogluconate dehydrogenase (PGDH)	45	6.8
p20	-			
p21	P08133	Annexin 6 (A6)	70	5.5
p22	P00367 P25705	Glutamate dehydrogenase 1 (GDH) ATP Synthase α -chain (ATP-S α)	55 55	6.6 6.6
p23	P62195	26S protease regulatory subunit 8 (p45/SUG)	42	6.6
p26	-			
p30	-			
p32	-			
p33	-			
p34	P22234	Phospho ribosyl amino imidazole-succino carboxamide synthase (PUR6)	42	6.5



2. Immunantwort in Abhängigkeit vom Zufuhrweg

Route of Nutritional Supply Influences Local, Systemic, and Remote Organ Responses to Intraperitoneal Bacterial Challenge

Ming-Tsan Lin et al., Ann Surg 223: 84; 1996



Survival rate after *E. coli* peritoneal challenge

Cytokine Production in Dependence on Route of Nutritional Supply

Peritoneal Fluid:

TPN ↑ TNF
EN ↑ IFN- γ

Bronchoalveolar Lavage Fluid:

EN ↑ IFN- γ

Blood:

EN ↑ IFN- γ

3. Was ist ein “Immunonutrient” ?

- **Ein Nutrient, das in einer Menge einer parenteralen oder oral/enteralen Diät zugesetzt ist, die immunmodulierend wirkt.**
- **Die Immunmodulation kann immun-stimulierend oder -supprimierend sein**

Welche immunmodulierenden Nährstoffe werden in der klinischen Ernährung eingesetzt?

- **Glutamin**
- **Arginin**
- **schwefel- hältige Aminosäuren**
- **Verzweigtkettige Aminosäuren**
- **ω -3 Fettsäuren**
- **Nukleotide**
- **Antioxidative Vitamine**
- **Mikronährstoffe**
- **(Proteine, Glukose)**

Glucose and immunological reactions

Cytokines

The presence of glucose leads to a **higher resting cytokine** production; **after stimulation**, this **cytokine production is impaired** compared to the situation without glucose.

M Morohoshi et al. *Ann NY Acad Sci* 1995; 748:562
D Reinhold et al. *Horm Metab Res* 1996; 28:267

Phagocytosis

Impairment of phagocytosis is found in PMNs isolated from poorly regulated patients and **better regulation** of the DM leads to an **improved function**.

M Delamaire et al. *Diabetic Met* 1997; 14:29
JD Bagdade et al. *Diabetes Care* 1997; 20:392

Oxidative burst

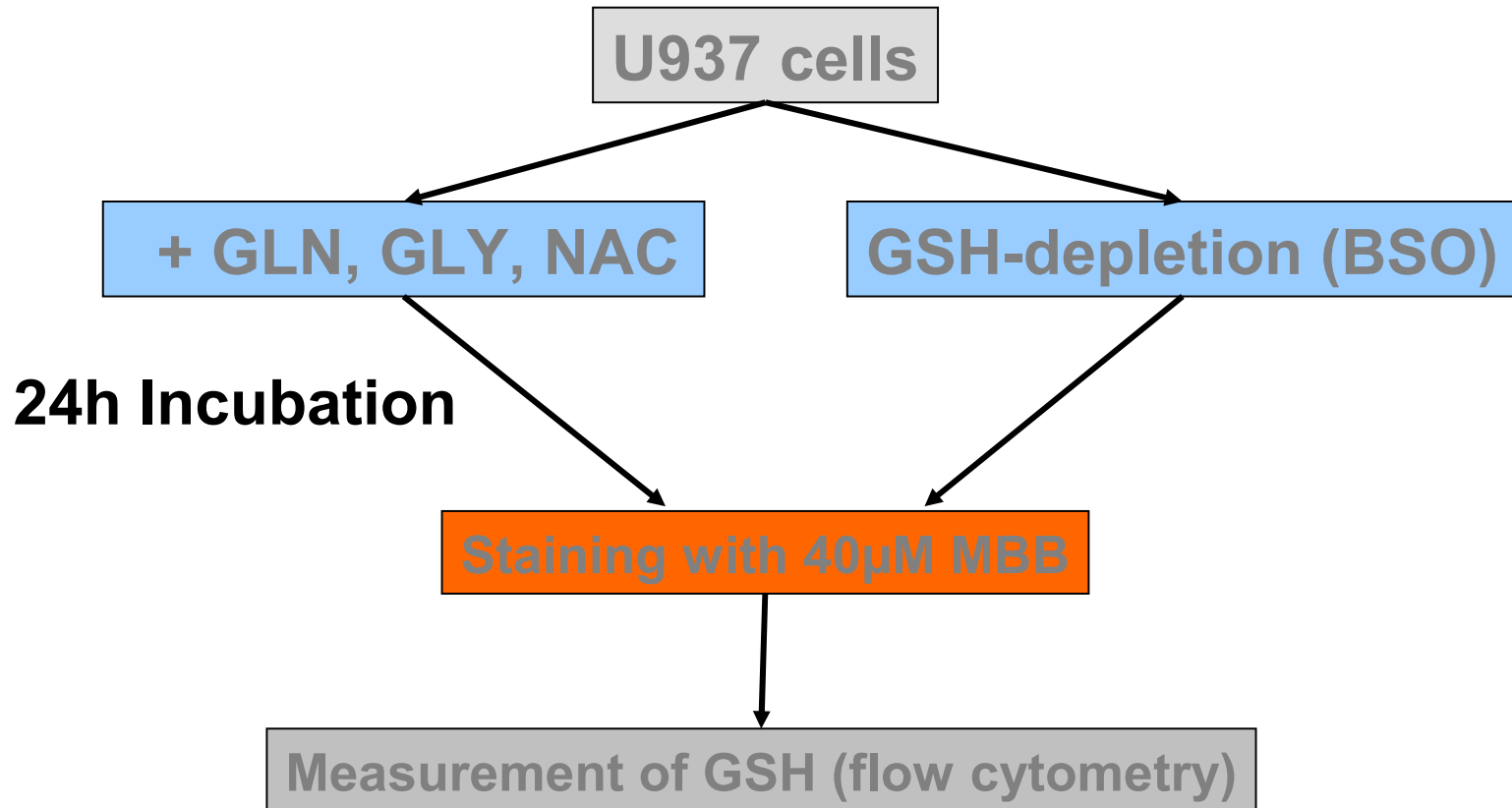
Oxidative burst is higher or the same in PBMC of diabetic patients; **after stimulation, oxidative burst in PBMC is lower** than that of control patients.

W Marhoffer et al. *Diabetes Care* 1992; 15:256
SV Shah et al. *J Clin Endocrinol Metab* 1983; 57:740

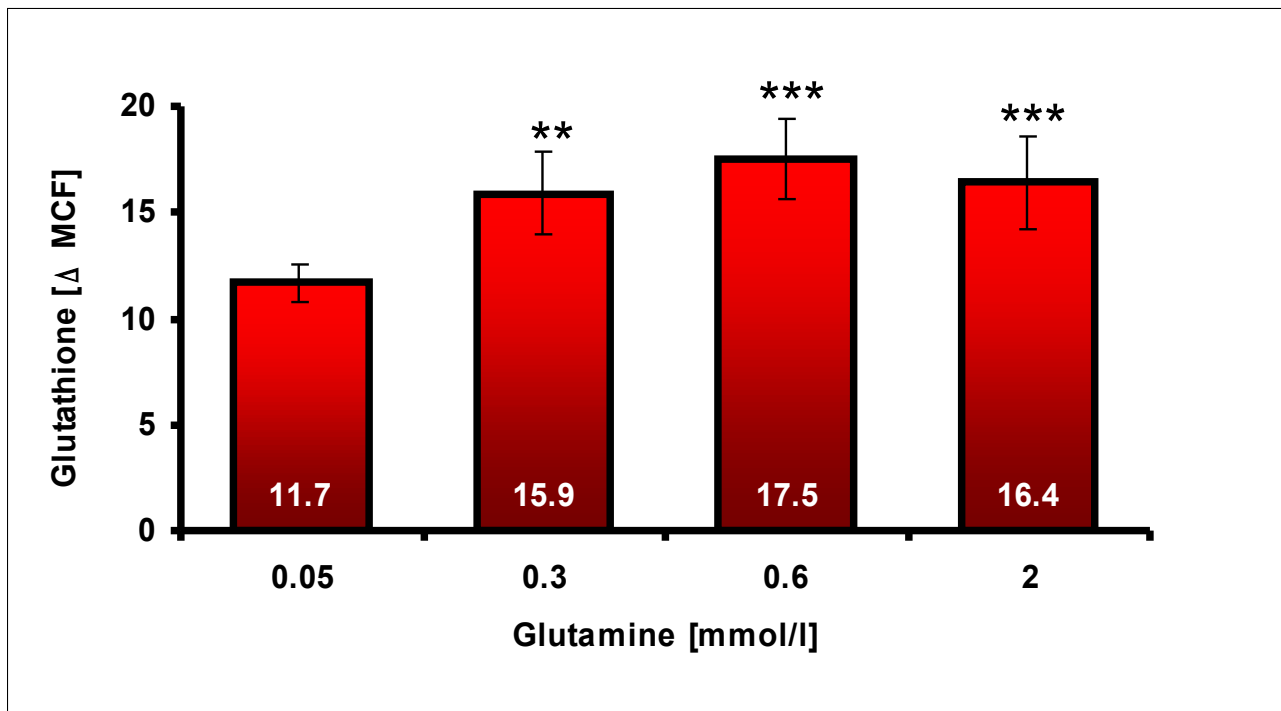
4. Verhalten sich Immunonutrients wie Pharmaka?

**Kinetik von Immunonutrients am
Beispiel von Glutamin und Glyzin in
einem Zellkultursystem**

Experimental design



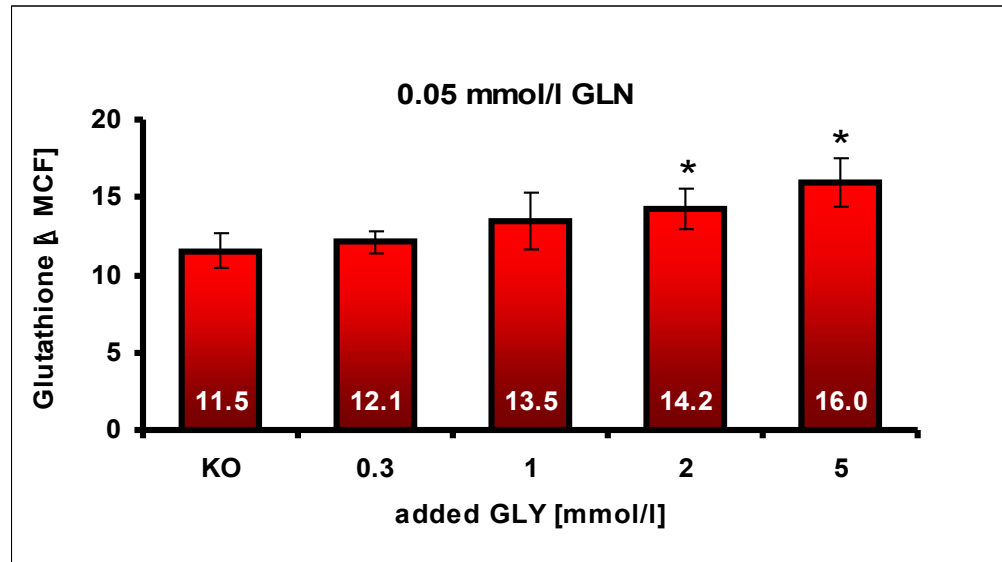
Influence of Glutamine on GSH-content of U937 cells



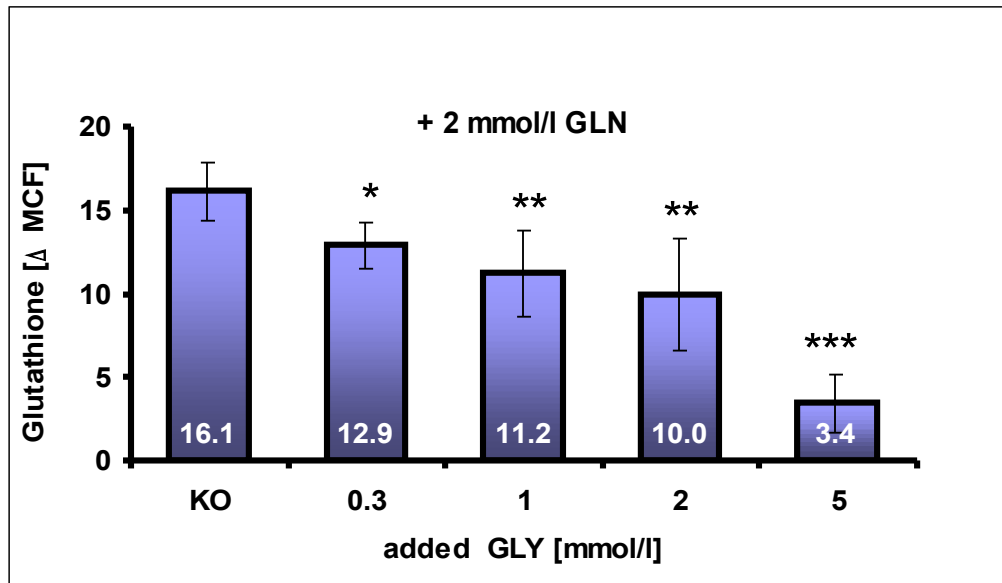
B Wessner, E Roth et al, *Clin Nutr*, 2003

** p < 0.01 vs 0.05mM GLN
*** p < 0.001 vs 0.05mM GLN

Glycine + Glutamine



Low GLN

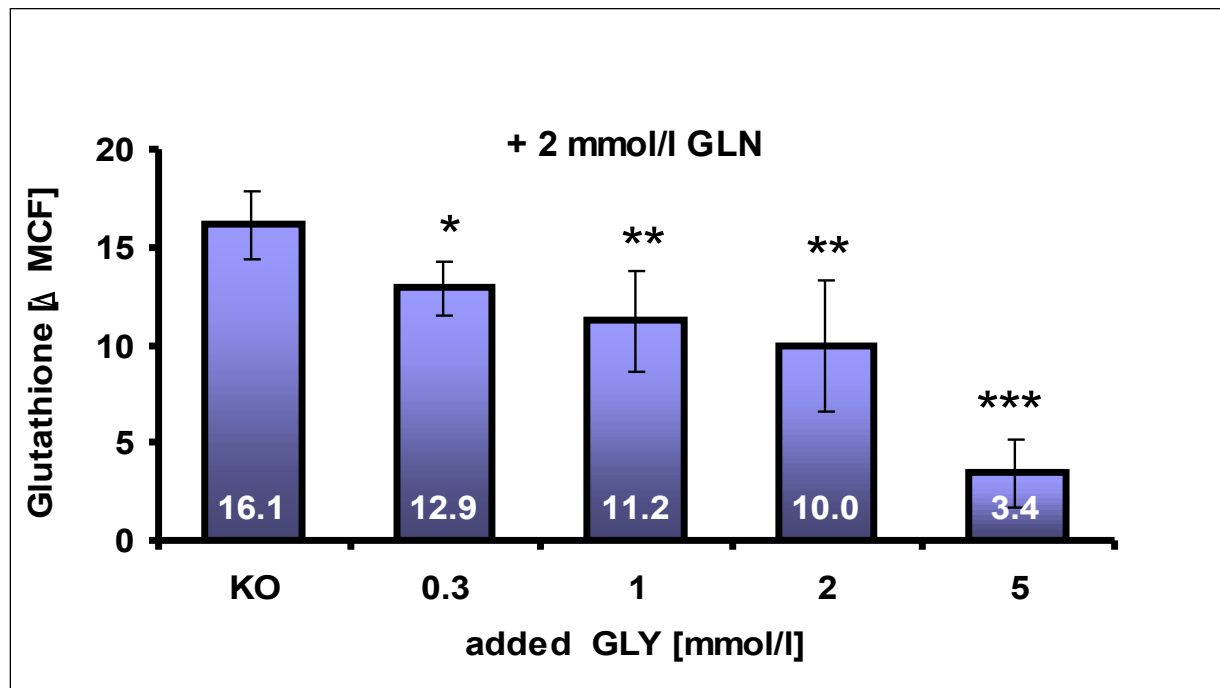


High GLN

0.02 vs KO

- * p < 0.05 vs KO
- ** p < 0.01 vs KO
- *** p < 0.001 vs KO

Glycine + high Glutamine: decreases ic glutamine concentration



B Wessner, E Roth et al, *Clin Nutr*, 2003

* p < 0.05 vs KO
** p < 0.01 vs KO
*** p < 0.001 vs KO

Effect of Different Combinations of Dietary Additives on Bacterial Translocation and Survival in Gut-Derived Sepsis

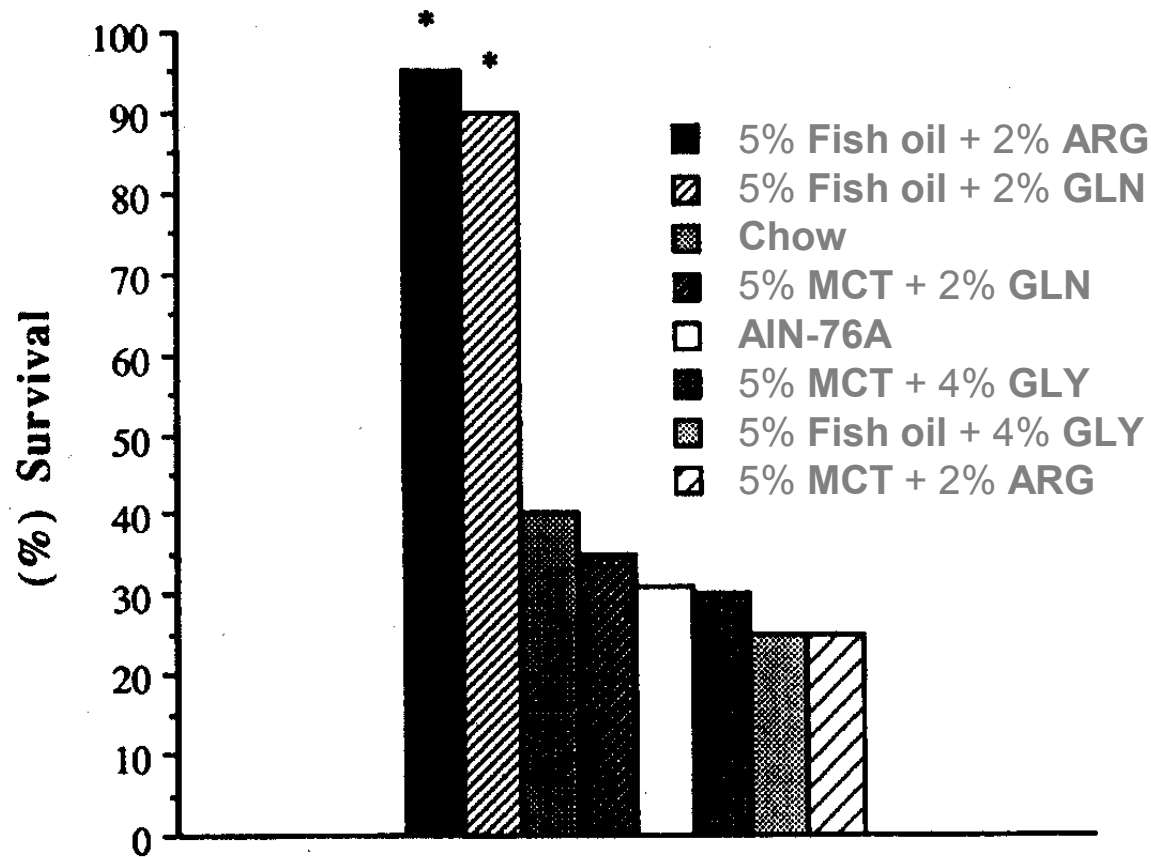


FIG. 3. Survival rate of transfused, gavaged, and burned mice fed with different pellet diets. * $p < .0001$ vs all other groups.

R Gennari, W Alexander
et al, *JPEN* 1995

Zusammenfassung-Pharmakokinetik

- **Der Effekt von Immunonutrients ist dosisabhängig**
- **Die Kombination von Immunonutrients muss sorgfältig sowohl auf synergistische als auch antagonistische Wirkung untersucht werden**

D.K. Heyland:

... We included studies that compared enteral nutrition with some combination of arginine, glutamine, nucleotides, ω - 3 fatty acids

	IMPACT	Optimential
Arginine (g/L)	12.5 (14)	5.5
Nucleic acids (g/L)	1.23	0
ω - 3 PUFAs (g/L)	1.7	4.83
ω - 6 : ω - 3 ratio	1.5 : 1	0.86 : 1
Osmolarity	375	560
Vitamin E	60	250
Vitamin C	80	215
Selenium (μg/L)	100	50

**Aus Metaanalysen, die unterschiedlich
zusammengesetzte Therapielösungen
vergleichen, sind keine
Schlussfolgerungen zulässig**

5. Immunmodulatoren – Experimentelle Substrate

Lipoic acid

Curcumin

Green Tea Extract

Thymoquinone

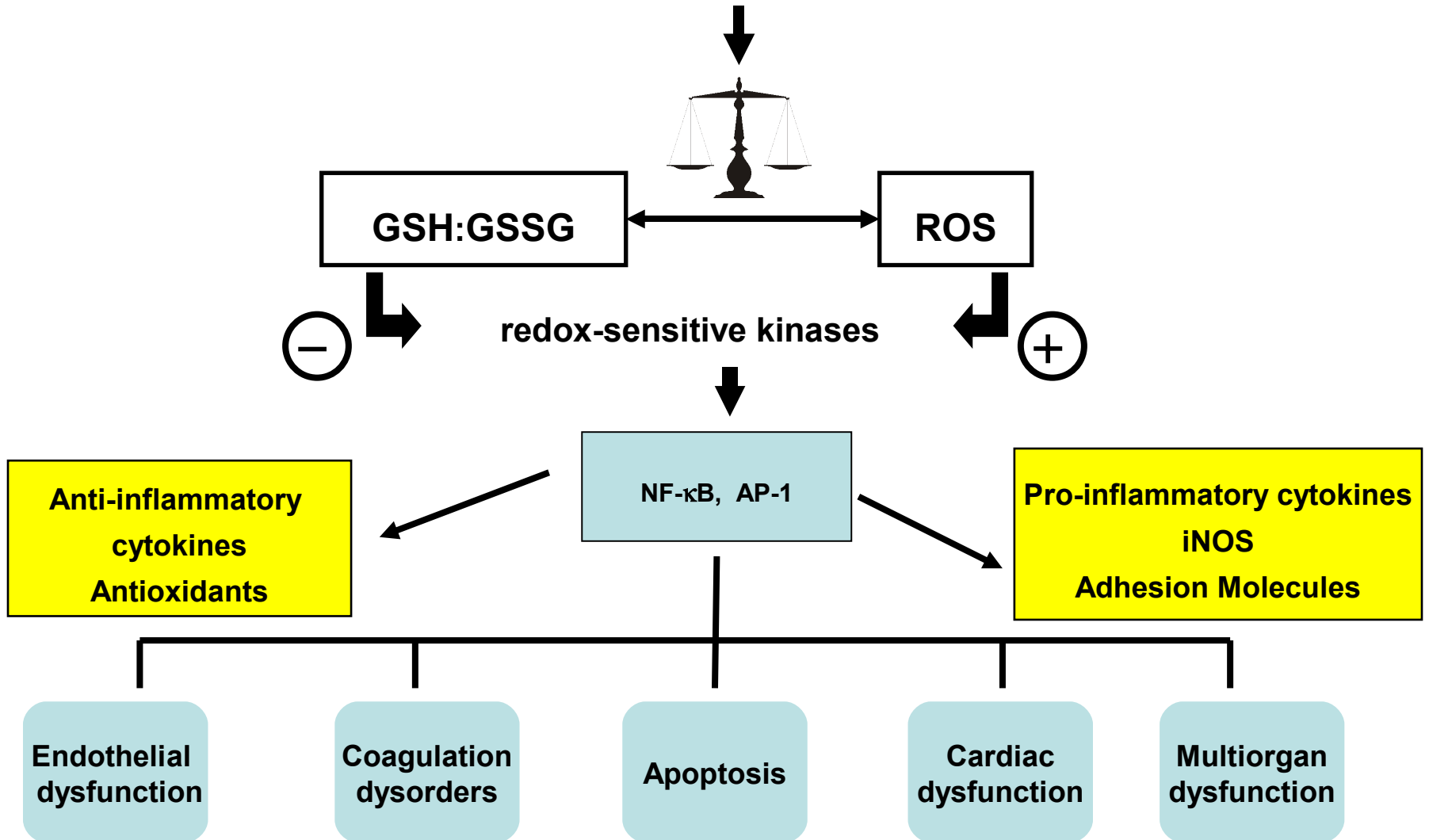
Sesamin

Kahweol

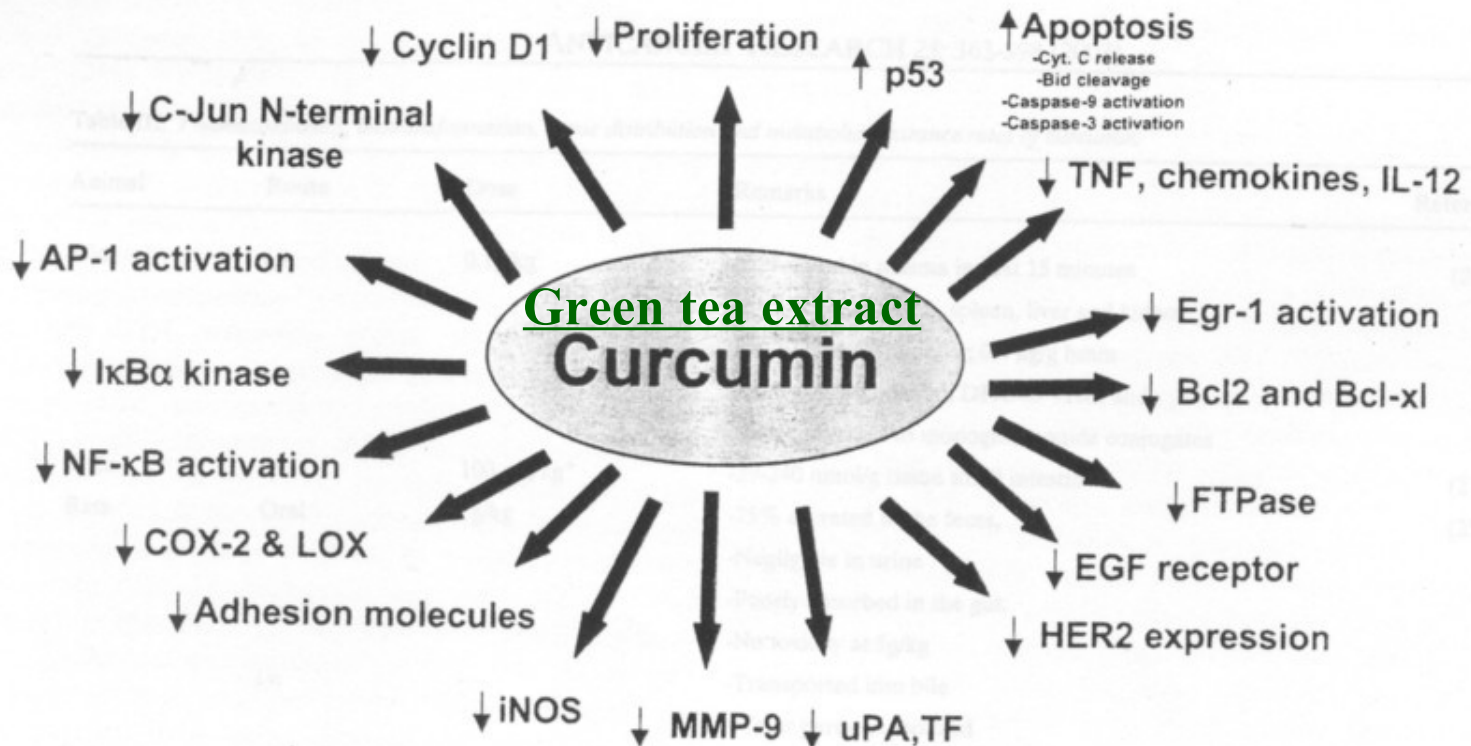
Cafestol

S-adenosyl-L-methionine (SAM)

Nutrients:
e.g. glutamine, glutamate, cysteine,
glycine, N-acetylcysteine, lipoic acid
vitamine E, C, β -carotene, phytochemicals

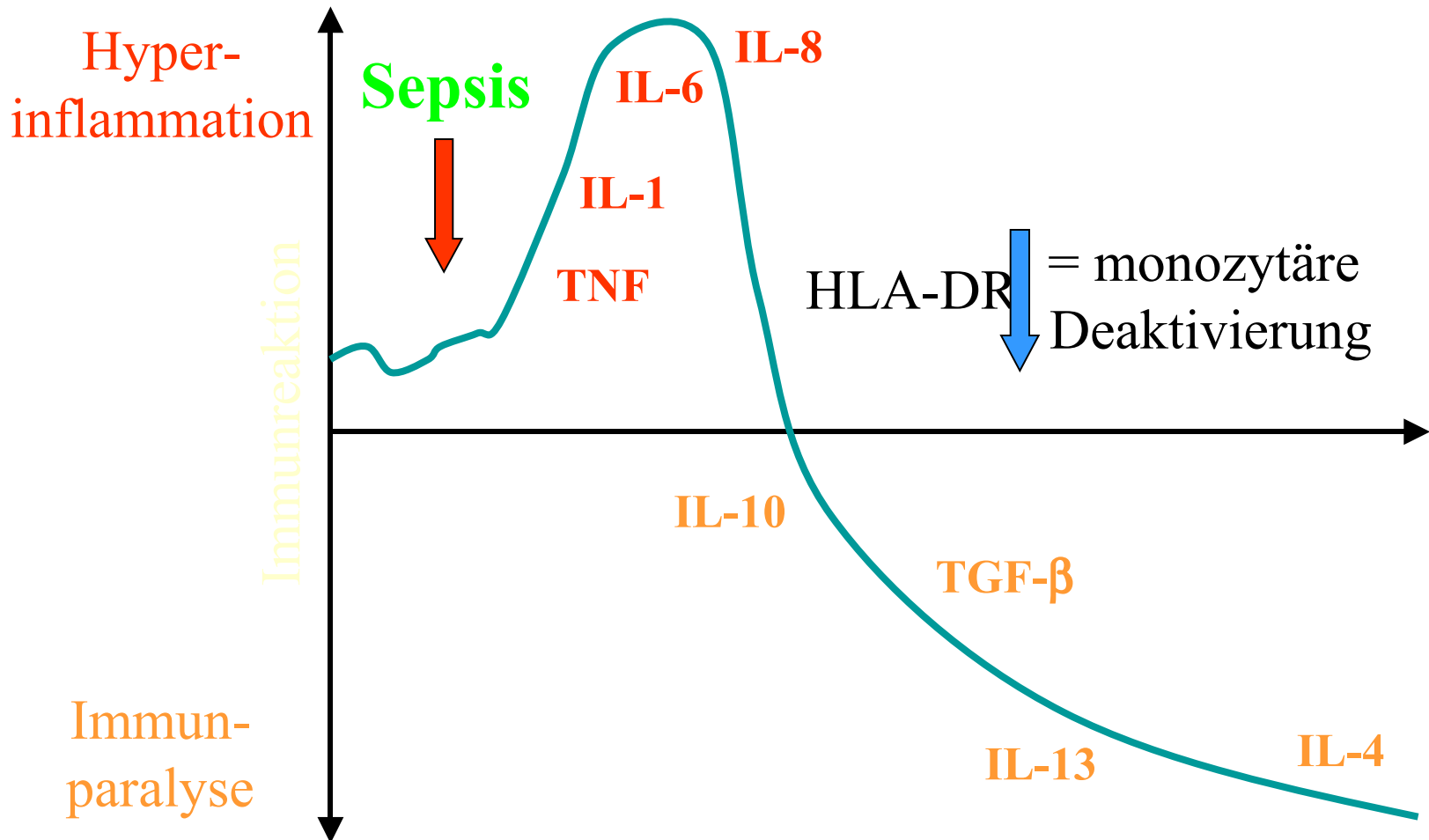


Influence of curcumin on signal transduction



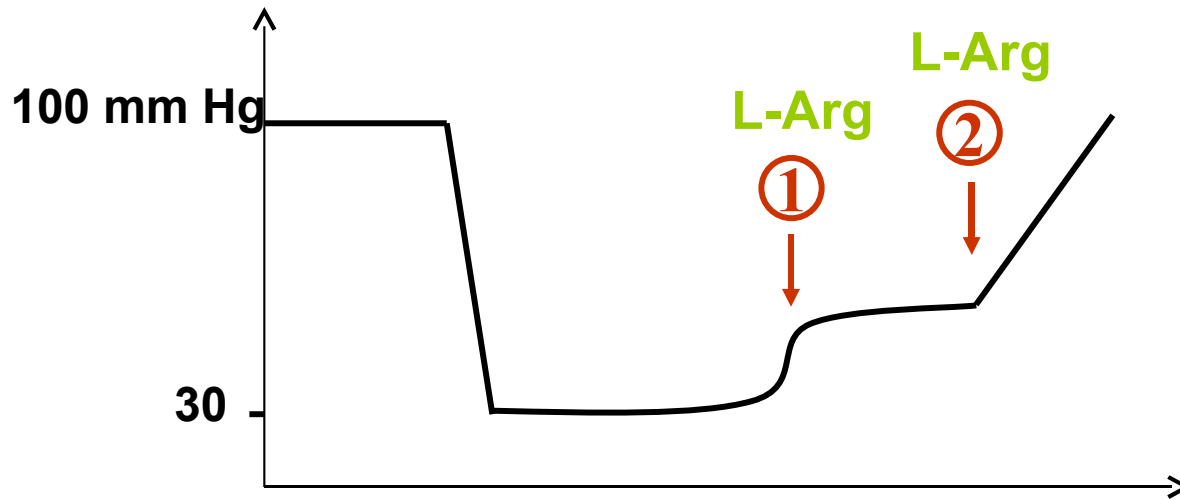
6. Gabe von Immunonutrients in Abhängigkeit vom pathophysiologischen Zustand

Zwei-Phasen-Modell der Sepsis



- **Modulation of hemorrhagic shock by intestinal mucosal N^G-nitro-L-arginine and L-arginine in the anesthetized rat** (D Mailman, *Shock* 1999;12:155)
 - **reduced survival by arginine analogs**
 - **improved survival by L-arginine**
- **Significance of NO in hemorrhage-induced hemodynamic alterations, organ injury and mortality in rats** (YM Yao et al., *Am J Phys* 1996;270: H1616)
 - **improved survival by arginine analogs**

NO and formation of peroxynitrite: Dichotomy of Arginine in Hemorrhagic Shock



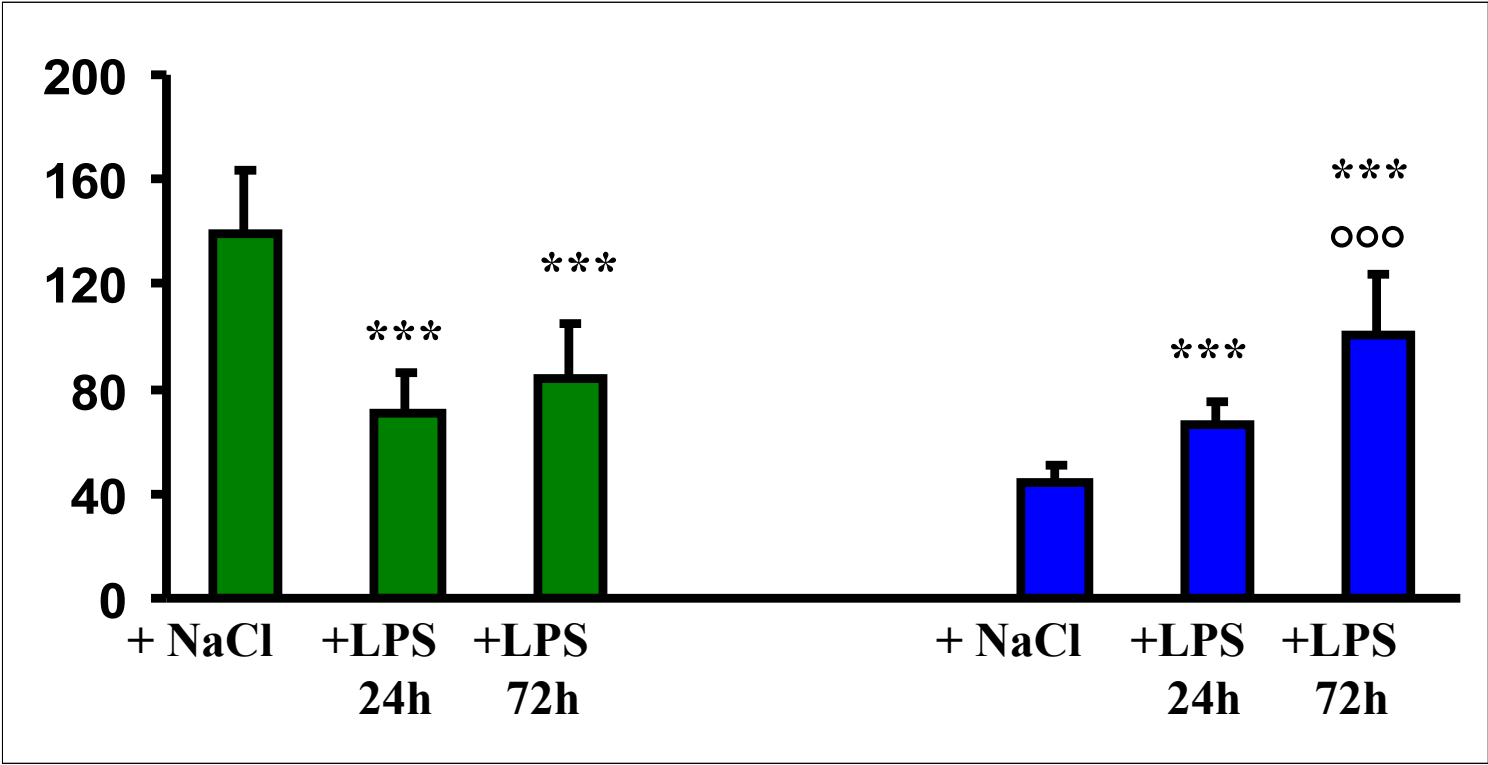
peroxynitrite = cytotoxic



7. Organspezifische Immunmodulation

Lipopolysaccharide causes atrophy of Peyer's Patches

TCY in spleen (10⁶)



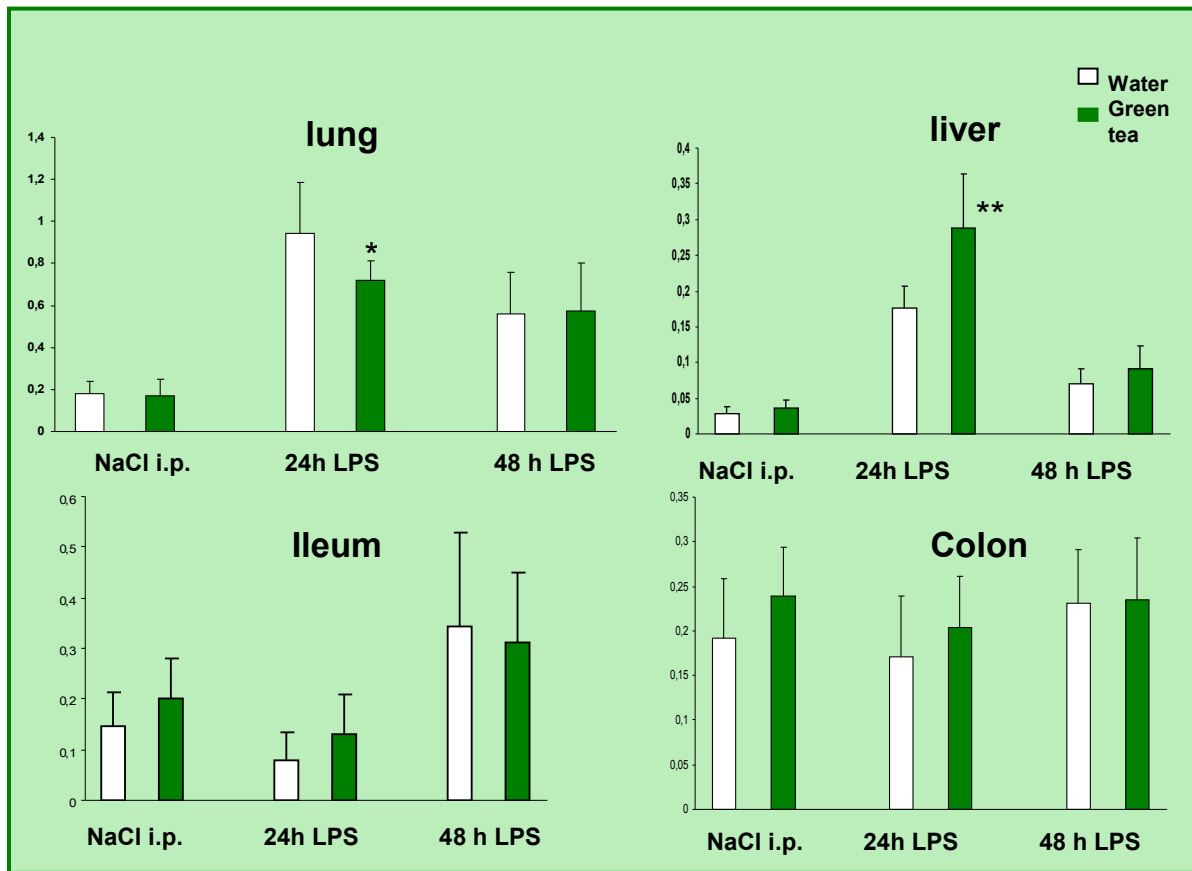
Green tea polyphenol administration partly ameliorates chemotherapy-induced side effects in the small intestine of mice

Wessner B, Manhart N, Roth E et al. J. Nutr 2007;137:634

Green tea polyphenols increase lymphocyte numbers and diminish oxidative stress in the Peyers patches of endotoxemic mice

Manhart N, Wessner B, Roth E et al.

Myeloperoxidase activity



Antioxidativ ist nicht gleich anti-inflammatorisch

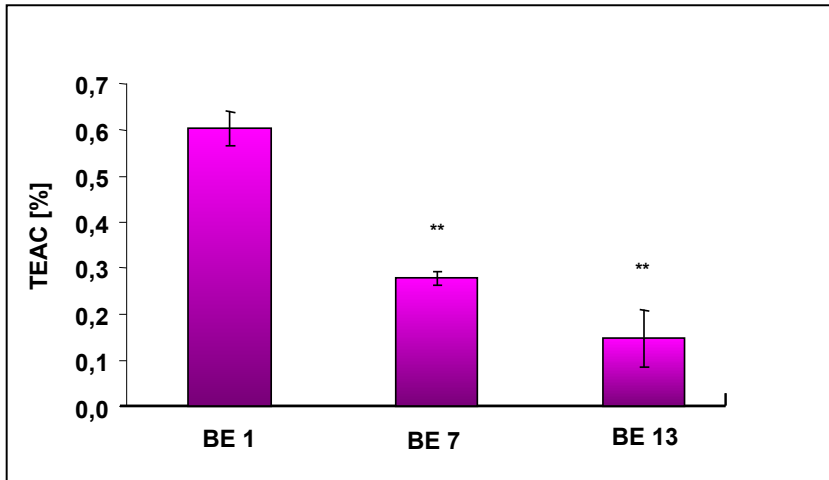


Abbildung 1

Anti-oxidative Kapazität der Basilikumextrakte

** $p < 0.01$

Daten aus 3 unabhängigen Experimenten

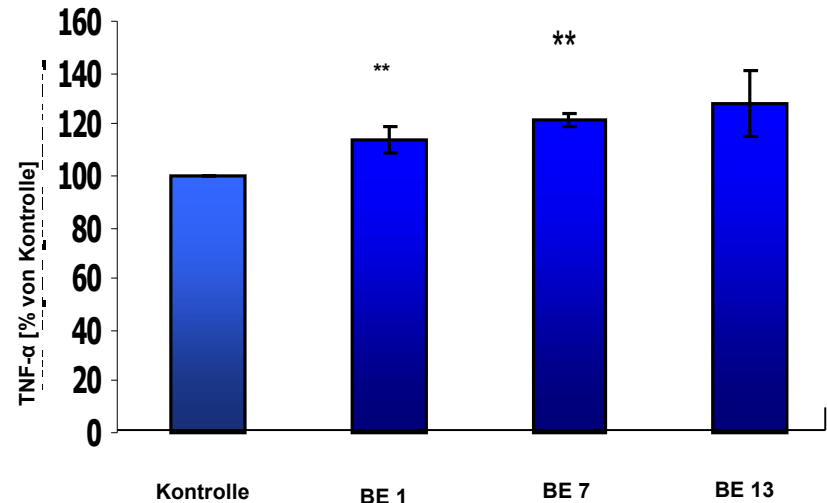


Abbildung 2

Einfluss der Basilikumextrakte auf die TNF- α Sekretion von LPS stimulierten U937 Zellen

** $p < 0.01$ vs. Kontrolle

Daten aus 4 unabhängigen Experimenten

Zusammenfassung

- **Hohe Korrelation zwischen Anergie und Mortalität bei Intensivpatienten**
- **Mangelernährung – Substratmangel führt zu einer Immunsuppression**
- **Immunonutrients folgen den Gesetzen der Pharmakokinetik**
- **Einsatz von Immunonutrients in Abhängigkeit der Immunlage**
- **Immunonutrients wirken organspezifisch**
- **Zentrale Angriffspunkte der Immunonutrients sind**
 - **das Redoxpotential + Transkriptionsfaktor NfκB**
 - **das AMPK/m-TOR System**
 - **die Signalkaskade**