

Is the evidence sufficient to recommend dietary interventions to reduce the risk of AD? - Pro

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Extensive epidemiologic evidence implicates modifiable metabolic and dietary factors in increasing the risk of dementia, including AD. Tenable, hypothetical mechanisms lend credence to the observational data, and several interventions have shown promise in early trials, such as PREDIMED, FINGER, VITACOG and even LipiDiDiet. Definitive RCTs involving nutritional interventions to prevent dementia are eagerly awaited, otherwise this debate would be moot. But if experience is any guide, it will be many years until such definitive data become available, if at all. Meanwhile, the public avidly consumes dietary advice and over-the-counter preparations with varying evidentiary and risk/benefit profiles and with little authoritative guidance. Refusal to advise the public without a proof positive RCT, and failure to develop prudent guidance on potentially beneficial nutritional practices, abdicates our responsibility as health professionals and leaves the field open to the harms of misinformation by Dr. Google and unscrupulous commercial interests. The vexing question we must address is what guidance health professionals and authorities ought to provide, right now, in the face of the surging epidemic of dementia. Shouldn't we weigh the likely harms and benefits of specific interventions on the best available evidence at present, with appropriate caveats? We can distinguish between supplements, foods and dietary interventions. Claims of novel disease-modifying interventions warrant greater circumspection than prevention of prevalent nutritional deficiencies and metabolic disorders where the risks are clear, and requirements and safe intakes are known. Even if such advice is not specific for AD, the absence of prudent authoritative guidance by professional health associations and practitioners may do more harm than good. Until such time that AD can be cured or definitively prevented, we must avoid conflating "evidence" with certainty, so that we may deploy the best available nutritional evidence to advance better RCTs while taking every reasonable measure to promote likely risk reduction.