

An Audiology-Centered Trial Protocol to Postpone or Reduce Age-Related Hearing Loss, Alzheimer's, Cancer and Other Age-Related Illnesses

September 25, 2018

Prepared for the Academy of Rehabilitative Audiology for their 2018 bi-annual meeting by Rolf Martin
Howard Raphaelson on behalf of the rest of the 2002-2018 Wild Blueberry Health Study research team.

posted online at
HearingCheck123.com

Howard Raphaelson and I will be co-presenters. today.

Patent acknowledgments:

Four patents have been filed, two approved, one majority owned by Cornell University.

Rolf J. Martin, Barrie S. Sachs and Howard A. Raphaelson on behalf of the entire 2002-2018 Blueberry Health Study team:

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1) Blueberry Health Study / MMT Corp, Sherman, CT, Burke/Cornell Medical Research Institute and Burke Rehabilitation Hospital, White Plains, NY (now retired), 2) Stanford / VA Aging Clinical Research Center, Palo Alto, CA, 3) Orentreich Foundation for the Advancement of Science, Inc., Cold Spring-on-Hudson, NY, 4) Mansfield Senior Center, Mansfield, CT, 5) Lane College, Jackson, TN, 6) New York, NY and Sherman, CT, 7) New Fairfield Senior Center, New Fairfield, CT, 8) Human Nutrition Research Center on Aging at Tufts University, Boston, MA, 9) Raleigh, NC, 10) Weymouth, MA, 11) City University of New York Biochemistry Ph.D. Program, New York, NY (retired), 12) Sherman IGA Supermarket, Sherman, CT, 13) New Fairfield, CT, 14) Foodtown Supermarket, Cold Spring-on-Hudson, NY, 15) C-Town Supermarket, Danbury, CT, 16) Mount Sinai West and Mount Sinai St. Luke's/Mount Sinai Hospital, New York, NY, 17) Midwife Services, Espanola, NM, 18) HR Herbs, Teas and Gifts, Sherman, CT, 19) Health & Nutrition Sciences Dept, Brooklyn College of the City University of New York, Brooklyn, NY, 20) Defense Sci & Tech Lab, United Kingdom (retired).

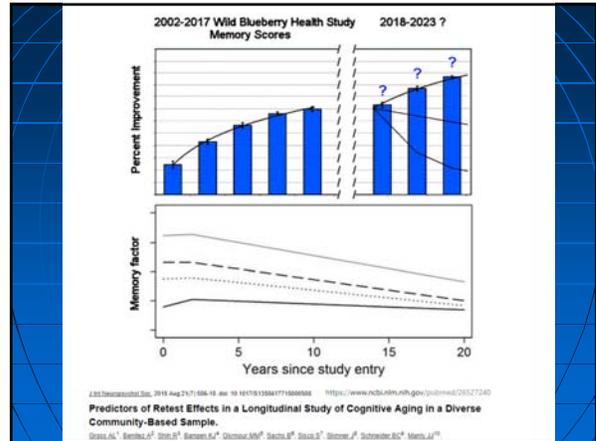


The secret to conducting a 16-year intervention study is to work with a rock-solid person like

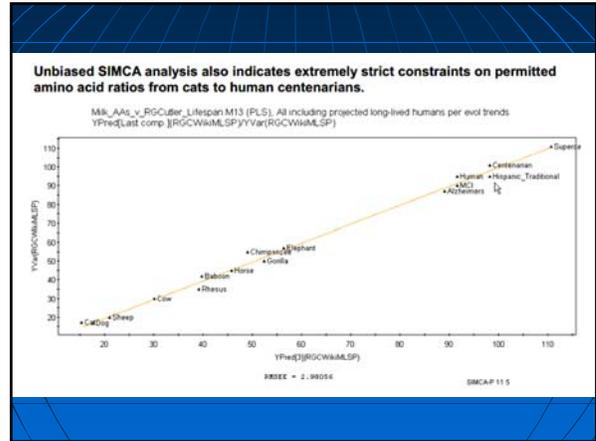
Howard Raphaelson.

The salient Wild Blueberry Health Study result since 2002 has been documentation of a ten-year period of steady, relatively linear word-memory improvement.

This ten year improvement compares favorably with other published results that show two years of improvement (due to practice with tests) followed by a ten- to twenty-year period of linear decline.

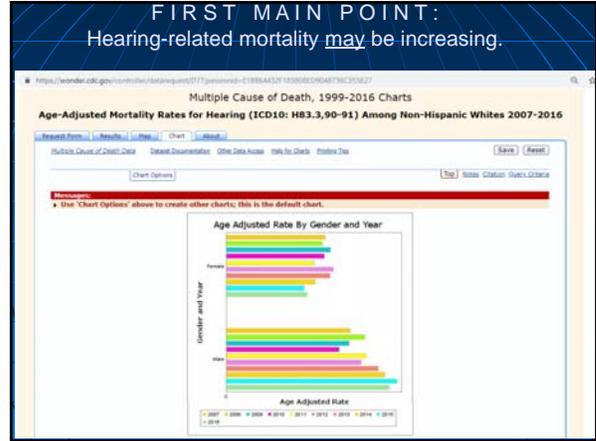


A second important result is development of equations to accurately predict mammalian lifespans based on milk amino acid concentrations, with serine and methionine both having very important roles for humans and elephants.



FIRST MAIN POINT TODAY:

Hearing is more often listed on death certificates for men than women, and the frequency of hearing-associated mortality is rising in the United States.



Explanation: Otolotoxic prescriptions, for 91% of people in one 2018 study

J Am Assoc Nurse Pract. 2018 Jan;30(1):27-34. doi: 10.1097/JAA.000000000000011.

Prevalence of ototoxic medication use among older adults in Beaver Dam, Wisconsin.

Joo Y¹, Cruckshanks K², Klein BE², Klein R², Hong O¹, Walhagen M¹.

Author information

- University of California San Francisco, School of Nursing, San Francisco, California.
- University of Wisconsin-Madison, School of Medicine and Public Health, Madison, Wisconsin.

Abstract

BACKGROUND AND PURPOSE: Drug-related ototoxicity may exacerbate presbycusis (age-related hearing loss); yet, few data are available on the prevalence of ototoxic medication use by older adults. The purposes of this study were to assess the impact of aging and ototoxicity on hearing loss, the prevalence of ototoxic medication use, and select characteristics associated with ototoxic medication use among older adults.

METHODS: Cross-sectional analyses were conducted using select variables extracted from the baseline and 10-year follow-up assessments of the two population-based epidemiological studies to compare two points in time.

RESULTS: Ninety-one percent of the sample was taking a medication reported to be ototoxic. Nonsteroidal anti-inflammatory drugs were the most commonly used (75.2%), followed by acetaminophen (39.9%) and diuretics (35.6%). Hypertension, diabetes, cardiovascular disease, and history of multiple visits associated with ototoxic medication use. Participants with hearing loss were

The query requested data for three hearing-related ICD10 codes.

The screenshot shows a search interface with a 'Select Records' panel on the left and a 'Results of Search' panel on the right. The search terms are 'hearing'. The results list several ICD-10 codes related to hearing loss, such as H90.0, H90.1, H90.2, H90.3, H90.4, and H90.5. The interface includes buttons for 'Move Items', 'Over', and 'Clear'.

Audiology-related ICD10 codes are a complex topic, discussed in detail online at Audiology.org.

2016_2017_ICD10_ListofCodesPertinent2Audiologists.pdf 1 / 15

https://www.audiology.org/~/media/Health/Tools/FractionManagement/2016_2017_ICD10_ListofCodesPertinent2Audiologists.pdf

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ICD-10 Codes Utilized by Audiologists

Introduction

Beginning with the first claim filed to all payers on or after **October 1, 2015**, the ICD-10 codes must be utilized in box 21 A-L on the CMS 1500 claim form. Note: Updates have been announced for 2017. The 2017 ICD-10 codes are to be used for patient encounters occurring from **October 1, 2016 through September 30, 2017**. Audiologists will see the addition of a number of new codes, including those specifically addressing "restricted hearing on the contralateral side" for conductive, sensorineural, and mixed hearing loss (H90.A-H90.A3), as well as new codes for pulsatile tinnitus (H93.A-).

Members are encouraged to purchase an ICD-10 codebook as there are many exceptions within this new coding system. The codes listed here are merely to be used in common coding situations; the entire list can be found in Chapter 8, *Diseases of the Ear and Mastoid Process*.

SECOND MAIN POINT:

Audiologists now have many new and promising options to help patients with hearing problems.

Vitamin E trials have provided encouraging results.

Journal: 2016 Mar 15;34(1):27-34. doi: 10.1097/JAA.000000000000011.

Vitamin E neuroprotection against cisplatin ototoxicity: Preliminary results from a randomized, placebo-controlled trial.

Vitens J¹, Zamboni C², Conzelmann C², Gieseler C², Gieseler C², Gieseler C², Gieseler C².

Author information

Abstract

BACKGROUND: Few studies have investigated the effect of vitamin E in reducing the cisplatin (CCDP)-induced ototoxicity. This study evaluated vitamin E supplementation as a protecting agent against CCDP-induced ototoxicity.

METHODS: Patients who started CCDP were randomly assigned to receive vitamin E supplementation at 400 mg per day (group 1) or placebo (group 2). Audiograms and evoked brainstem responses were obtained at baseline, and after 1, 2, and 3 months.

RESULTS: Twenty-three patients affected by acute malignancies were enrolled (13 in group 1 and 10 in group 2). At 1 month, a significant hearing loss in group 2 at both 2000 Hz right ear ($p = 0$), left ear ($p = 0.04$) and 3000 Hz right ear ($p = 0.04$), left ear ($p = 0.03$) was observed when compared to baseline values. Audiograms did not show significant changes. At 1 month, evoked to random responses remained unchanged in both arms without significant differences between groups.

CONCLUSION: These preliminary findings confirm the neuroprotective properties of vitamin E against the CCDP-induced ototoxicity. © 2016 Wiley Periodicals, Inc. *Head Neck* 38: E2116-E2121, 2016

KEYWORDS: antioxidant; cisplatin; neuroprotection; ototoxicity; vitamin E

PMID: 26947666 DOI: 10.1002/hl.23066

Ginkgo improved speech discrimination in this trial.

Journal: 2016 Mar 15;34(1):27-34. doi: 10.1097/JAA.000000000000011.

The efficacy and safety of systemic injection of Ginkgo biloba extract EGb761 in idiopathic sudden sensorineural hearing loss: a randomized placebo-controlled clinical trial.

Gieseler C¹, Gieseler C², Gieseler C³, Gieseler C⁴, Gieseler C⁵, Gieseler C⁶.

Author information

Abstract

Sudden deafness is currently the most frequently accepted agents for idiopathic sudden sensorineural hearing loss (SSNHL). However, the therapeutic effect of steroids is not always satisfactory. In this pilot study, we evaluated whether systemic treatment with Ginkgo biloba extract (EGb761) was an additive therapeutic effect in patients receiving a systemic steroid due to SSNHL. A multicenter, randomized, double-blind clinical trial was performed. Fifty-six patients with SSNHL were allocated to either EGb761 or placebo. In both groups, methylprednisolone was administered for 14 days. EGb761 was infused intravenously for 5 days in the EGb761 group, while the same amount of normal saline was infused in the placebo group. For the efficacy evaluation, pure tone audiometry, speech audiometry, Broekje handikap inventory (THI) and short form-36 health (SF-36) survey outcomes were obtained before administration and on days 0, 5, 14 and 28 of administration. Twenty-four patients in each group completed the study protocol. There was no difference in hearing loss between the two groups before treatment. At day 28, air conduction threshold values in the placebo and EGb761 groups were 24.63 ± 28.56 and 23.54 ± 25.42 dB, respectively ($p = 0.805$). Speech discrimination scores in the placebo and EGb761 groups were 49.17 ± 40.89 and 57.48 ± 28.65 %, respectively ($p = 0.100$). The air and SF-36 scores in the placebo and EGb761 groups were similar, although a combination of steroid and EGb761 for initial treatment did not show better pure tone threshold, compared with steroid alone. Speech discrimination was significantly improved in combination therapy. Further studies will be needed to know if addition of EGb761 actually improves the outcome of SSNHL treatment.

KEYWORDS: Double-blind method; EGb761; randomized controlled trial; Sudden hearing loss; treatment outcome

PMID: 26947666 DOI: 10.1002/hl.23066

The natural antioxidant N-acetyl cysteine and also ginseng protected hearing in this trial.

Comparison of the effects of N-acetylcysteine and ginseng in prevention of noise induced hearing loss in male textile workers.

Quaresima J, et al.

Abstract
Previous studies revealed the role of antioxidant agents in prevention of noise induced hearing loss (NIHL). The aim of this study was to compare the protective effect of N-acetylcysteine (NAC) and ginseng on prevention of NIHL in textile workers exposed to continuous noise in daily working. In this study, 40 participants were randomly allocated to three groups: Group 1 received NAC 1200 mg/day; Group 2 received ginseng 200 mg/day; and Group 3 (control group) received no supplement. Pure tone audiometry and high frequency audiometry were performed pretest before and after 14 days (on day 15). Linear regression analysis results showed reduced noise-induced hearing threshold shift (NHS) for NAC and ginseng groups at 4 and 10 kHz ($p < 0.001$) in both ears. Furthermore, the protective effects were more prominent in NAC than ginseng. Our results show that NAC and ginseng can reduce noise induced NHS in workers exposed to occupational noise. Further studies are needed to prove antioxidants benefits in hearing conservation programs.

PMID: 26070782 DOI: 10.1155/2016/121120782
Indexed by MEDLINE
Citation: 26070782

Vitamins A, C and E and selenium protected hearing during methylprednisolone treatment in this trial.

Vitamins A, C, and E and selenium in the treatment of idiopathic sudden sensorineural hearing loss.

Saha D, et al.

Abstract
This study evaluated the effectiveness of vitamins A, C, and E, with selenium, in the treatment of idiopathic sudden sensorineural hearing loss (ISSNHL). This was a prospective, controlled study performed at a tertiary teaching and research hospital. Over a 12-month period, patients were treated with either our standard (ISSNHL) treatment regimen plus vitamins A, C, and E and selenium (ACE+ group) or with only our standard (ISSNHL) treatment regimen (ACE- group). The demographics, additional symptoms, mean initial and final hearing levels, mean hearing gain, and recovery data were compared between the two groups. The ACE+ group, consisting of 79 (55.5%) patients, received vitamin A (vitamin beta-carotene, 26,000 IU), vitamin C (ascorbic acid, 200 mg), vitamin E (alpha-tocopherol, 200 IU), and selenium (50 µg) twice daily for 30 days in addition to our (ISSNHL) treatment regimen: methylprednisolone at an initial dose of 1 mg/kg body weight per day tapered over 14 days (steroids: 20 mg tablet (20 mg of betamethasone dipropionate) three times daily for 30 days, and ten 50-mg hydrocortisone (HSD) tablets (2.5 absolute atropine of 100% CCI) once daily, starting the day of hospitalization). The ACE- group comprised 64 (44.4%) patients, who received only our (ISSNHL) treatment regimen. The mean hearing gains were 36.2 ± 20.3 dB in the ACE+ group and 27.1 ± 20.9 dB in the ACE- group. The mean hearing gain rates were significantly higher in the ACE+ group than in the ACE- group ($p = 0.014$). Treatment with vitamins A, C, and E and selenium was effective in (ISSNHL) patients undergoing treatment with methylprednisolone, dexamethasone, hydrocortisone, and HSD, and might be more effective when the initial hearing level is below 60 dB.

PMID: 24196204 DOI: 10.1155/2014/24196204
Indexed by MEDLINE
Citation: 24196204

High dose vitamins C may have improved hearing recovery in this trial.

Effect of high dose intravenous vitamin C on idiopathic sudden sensorineural hearing loss: a prospective single-blind randomized controlled trial.

Saha D, et al.

Abstract
The aim of this prospective single-blind randomized controlled study was to evaluate the therapeutic efficacy of high dose intravenous vitamin C (HdVC) added to systemic steroids in patients with idiopathic sudden sensorineural hearing loss (ISSNHL). Between August 2010 and August 2011, 77 ISSNHL patients who participated in this study were randomly allocated to two groups: 38 to a control group; members of which were given systemic steroid treatment for 10 days, and 39 to a HdVC group; members of which were given HdVC (200 mg/kg/day) for 10 days in addition to steroid therapy followed by oral vitamin C (2,000 mg) for 30 days after discharge. Finally, we analyzed each group: 35 as a control group and 32 as a HdVC group. Auditory evaluations were performed by pure tone audiometry (PTA) before and 1 month after treatment using Sengco's criteria. HdVC group showed significantly greater complete and partial recovery improvement ($p = 0.032$). In addition, the complete recovery rate in the HdVC group was more than twice that of the control group ($p = 0.031$). In the HdVC group, PTA improved from 67.6 ± 19.8 dB HL before treatment to 37.1 ± 25.8 dB HL at 1 month after treatment. Whereas in the control group, PTA improved from 70.3 ± 18.4 dB HL at 1 month after treatment, which represented a significant intergroup difference ($p = 0.036$). In conclusion, HdVC may enhance hearing recovery in ISSNHL patients, which suggests that HdVC lowers levels of oxidative oxygen metabolites produced by inner ear ischemia or inflammation, and that HdVC could be considered for the treatment of ISSNHL.

PMID: 22477028 DOI: 10.1155/2012/22477028
Indexed by MEDLINE
Citation: 22477028

Failed trials also have occurred, so very careful planning is critically important.

Antioxidant therapy in the elderly with tinnitus.

Chenais JF, et al.

Abstract
INTRODUCTION: Several approaches have been tried for the treatment of tinnitus, from cognitive-behavioral therapies and sound enrichment to medication. In this context, antioxidants, widely used in numerous areas of medicine, appear to represent a promising approach for the control of this symptom, which often is poorly controlled.

OBJECTIVE: To evaluate the effects of antioxidant therapy for tinnitus in a group of elderly patients.

METHODS: Prospective, randomized, double-blind, placebo-controlled clinical trial. The sample consisted of 50 subjects aged 60 years or older, with a complaint of tinnitus associated with sensorineural hearing loss. These individuals completed the Tinnitus Handicap Inventory (THI) questionnaire before and after six months of therapy. The treatment regimens were: Gingko biloba dry extract (120mg/day), alpha-tocopherol (400mg/day), vitamin C (500mg/day), papaverine hydrochloride (100mg/day), vitamin E (400mg/day), and placebo.

RESULTS: There was no statistically significant difference between THI by degree (p=0.441) and by score (p=0.545) before and after treatment.

CONCLUSION: There was no benefit from the use of antioxidant agents for tinnitus in this sample.

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KEYWORDS: Aging; Antioxidants; Antitinnitus; Gingko; Tinnitus; Tinnitus

PMID: 30477705 DOI: 10.1016/j.jamda.2018.08.019
Indexed by MEDLINE
Citation: 30477705

Failure may inevitably occur for physiologically older individuals, after aging prevents protective and reparative gene expression.

Evaluation of antioxidant treatment in presbycusis: prospective, placebo-controlled, double-blind, randomised trial.

Palacios J, et al.

Abstract
OBJECTIVE: There are many well-known aetiological mechanisms of presbycusis, and free radicals have been shown to play an important role. This study aimed to evaluate the effect of antioxidant agents on the hearing threshold of patients with presbycusis.

METHODS: One hundred and twenty individuals were divided into four groups and received one of the following treatment schemes: ginkgo biloba dry extract, alpha-lipoic acid plus vitamin C, papaverine hydrochloride plus vitamin E, or placebo. All participants were evaluated at recruitment and after six months, using pure tone audiometry (at isolated and average frequencies), speech recognition threshold and percentage index of speech recognition.

RESULTS: The various treatments had no effect on any of the evaluated measures of hearing, either between groups or over time.

CONCLUSION: There was no statistically significant change in the hearing threshold after treatment with any of the tested drugs, during the study period.

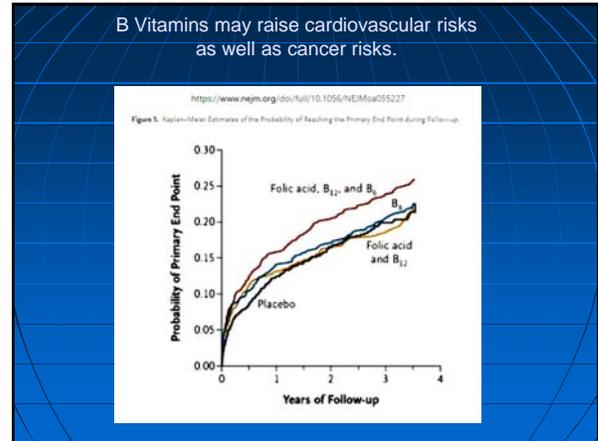
PMID: 23318104 DOI: 10.1017/S0022211X12003118
Indexed by MEDLINE

Clinical trials to improve or protect hearing, listed at ClinicalTrials.gov, are few in number. Additional clinical trials are urgently needed.

THIRD MAIN POINT:

Treatments can be dangerous and even lethal.

Personalized treatment and interventions are therefore needed, with frequent safety checks.



NSAID use increases ARHL risk by 9 to 10%.

Ann J Epidemiol. 2017; Jan 1; 185(1):43-47. doi: 10.1093/aje/kwv154. Epub 2016 Dec 14.

Duration of Analgesic Use and Risk of Hearing Loss in Women.

Lin BM, Curbet SD, Yano M, Eaves B, Stanek KM, Curbet OC.

Abstract
Aspirin, nonsteroidal antiinflammatory drugs (NSAID), and acetaminophen are commonly used. Frequent use of analgesics has been associated with a higher risk of hearing loss. However, the association between duration of analgesic use and the risk of hearing loss is unclear. We investigated the relationship between duration of analgesic use and self-reported hearing loss among 55,200 women in the Nurses' Health Study. Cox proportional hazards regression was used to adjust for potential confounders. During 673,376 person-years of follow-up (1996-2012), longer durations of NSAID use (for ≥5 years of use compared with <1 year, multivariable-adjusted relative risk = 1.10, 95% confidence interval: 1.05, 1.15; P for trend < 0.001) and acetaminophen use (for ≥5 years of use compared with <1 year, multivariable-adjusted relative risk = 1.09, 95% confidence interval: 1.04, 1.14; P for trend < 0.001) were associated with higher risks of hearing loss. Duration of aspirin use was not associated with hearing loss (for ≥5 years of use compared with <1 year, multivariable-adjusted relative risk = 1.01, 95% confidence interval: 0.97, 1.05; P for trend = 0.35). In this cohort of women, longer durations of NSAID and acetaminophen use were associated with slightly higher risks of hearing loss, but duration of aspirin use was not. Considering the high prevalence of analgesic use, this may be an important modifiable contributor to hearing loss.

KEYWORDS: acetaminophen; aspirin; hearing loss; nonsteroidal antiinflammatory drug

PMID: 27174393 PMCID: PMC4830998 DOI: 10.1093/aje/kwv154
(Indexed by MEDLINE) Free PMC Article

B Vitamins may raise cancer risk and all-cause mortality by 38% and 18%.

JAMA. 2009 Nov 18; 302(19):2194-20. doi: 10.1001/jama.2009.1932.

Cancer incidence and mortality after treatment with folic acid and vitamin B12.

Strom M¹, Baines DJ, Trankel G, Jensen S, Lissner LM, Rosmond JL, Rosmond S, Heald JK, Selman C, Wilton D, Tunstall J, Mørset S, Vøllest SE, W. Author information

Abstract
CONTEXT: Recently, concern has been raised about the safety of folic acid, particularly in relation to cancer risk.
OBJECTIVE: To evaluate effects of treatment with B vitamins on cancer outcomes and all-cause mortality in 2 randomized controlled trials.
DESIGN, SETTING, AND PARTICIPANTS: Combined analysis and extended follow-up of participants from 2 randomized, double-blind, placebo-controlled clinical trials (Norwegian Vitamin Trial and Swedish Vitamin B Vitamin Intervention Trial). A total of 6827 patients with ischemic heart disease were treated with B vitamins or placebos between 1998 and 2005, and were followed up through December 31, 2007.
INTERVENTIONS: Oral treatment with folic acid (0.8 mg/d) plus vitamin B12 (0.4 mg/d) and vitamin B6 (40 mg/d) (n = 1706); folic acid (0.8 mg/d) plus vitamin B12 (0.4 mg/d) (n = 1703); vitamin B6 (40 mg/d) (n = 1705); or placebo (n = 1721).
MAIN OUTCOME MEASURES: Cancer incidence, cancer mortality, and all-cause mortality.
RESULTS: During study treatment, median serum folate concentration increased more than 6-fold among participants given folic acid. After a median 38 months of treatment and an additional 38 months of posttrial observational follow-up, 343 participants (13.2%) who received folic acid plus vitamin B12 vs 288 participants (8.4%) who did not receive such treatment were diagnosed with cancer (hazard ratio [HR], 1.21; 95% confidence interval [CI], 1.03-1.41; P = .02). Total of 176 (4.0%) who received folic acid plus vitamin B12 vs 160 (2.9%) who did not receive such treatment died from cancer (HR, 1.38; 95% CI, 1.07-1.78; P = .01). A total of 1448 patients (16.9%) who received folic acid plus vitamin B12 vs 473 (13.8%) who did not receive such treatment died from any cause (HR, 1.14; 95% CI, 1.04-1.25; P = .01). Results were similar across 2 randomized trials. Cancer incidence in participants who received folic acid plus vitamin B12 (Vitamin B6) treatment was not associated with any significant effects.
CONCLUSION: Treatment with folic acid plus vitamin B12 was associated with increased cancer outcomes and all-cause mortality in patients with ischemic heart disease in Norway, where there is no folic acid fortification of foods.
TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00871348

Comment in
Assessing cancer prevention studies—a matter of time. [JAMA. 2009]

PMID: 19810309 DOI: 10.1001/jama.2009.1932

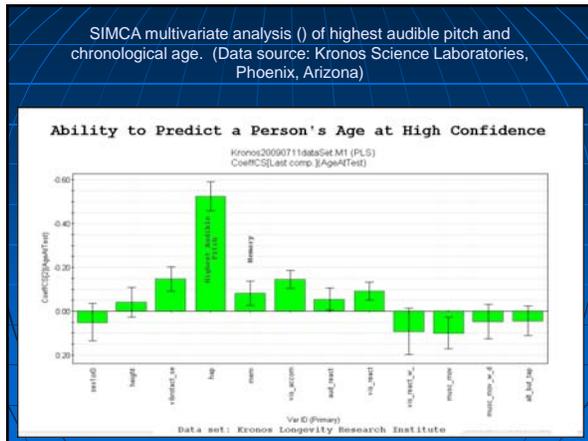
Injury and even mortality may result for physiologically unique individuals, even after otherwise harmless supplements or medications are prescribed.

Daily blueberries may worsen memory scores for one of every five study participants.

Such sensitive participants were quickly advised to withdraw from our study, so neither negative symptoms nor injuries were seen.

Online audiology studies can employ frequent weekly or biweekly measurements to detect health downturns before serious injuries occur.

FOURTH MAIN POINT:
Audiologists have exceptionally high statistical power at their fingertips because of the precision of hearing measurements.

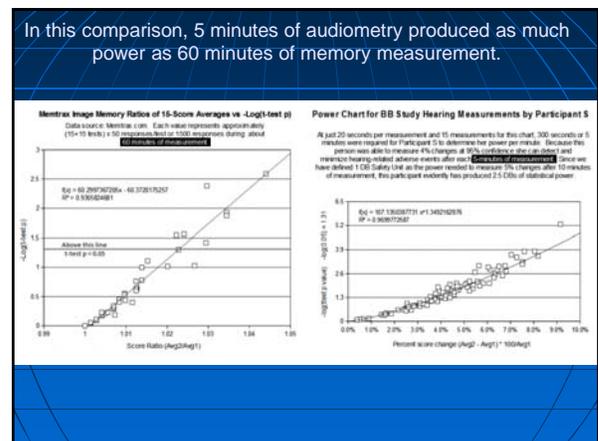


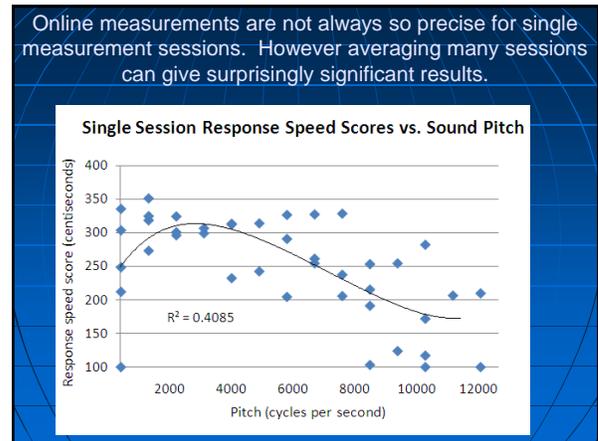
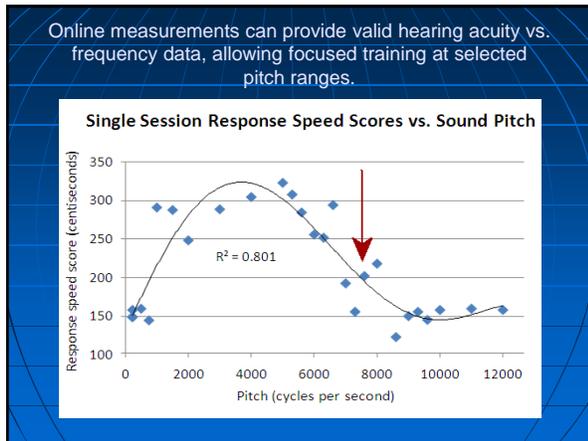
Highest audible pitch (HAP) dominates multivariate regression analysis compared to other metrics.

| Variable | Parameter | S.E. | T-STAT H0: parameter = 0 | 2-tail p-value | 1-tail p-value |
|--------------------|-----------|----------|-----------------------------|----------------|----------------|
| sex1or0[t] | -1.196296 | 0.715172 | -1.672738 | 0.094786 | 0.047393 |
| height[t] | -2.179779 | 1.059299 | -2.057756 | 0.039951 | 0.019975 |
| vibrotact_sens[t] | -0.233609 | 0.051197 | -4.562986 | 6.0E-6 | 3.0E-6 |
| hap[t] | -0.179123 | 0.008541 | -20.971606 | 0 | 0 |
| mem[t] | -0.159643 | 0.079688 | -2.003351 | 0.045491 | 0.022745 |
| vis_accom[t] | -0.067197 | 0.014949 | -4.495057 | 8.0E-6 | 4.0E-6 |
| aud_react[t] | -0.017892 | 0.013404 | -1.334808 | 0.182335 | 0.091167 |
| vis_react[t] | -0.028623 | 0.012308 | -2.325638 | 0.020297 | 0.010149 |
| vis_react_w_dec[t] | 0.031946 | 0.008167 | 3.911375 | 0.0001 | 5.0E-5 |
| musc_mov[t] | 0.030066 | 0.007916 | 3.798041 | 0.000157 | 7.9E-5 |
| musc_mov_w_dec [t] | 0.018799 | 0.010196 | 1.84379 | 0.065599 | 0.032799 |
| ait_but_tap[t] | 0.007057 | 0.01036 | 0.681191 | 0.495956 | 0.247978 |
| Constant | 88.034714 | 7.274052 | 12.102568 | 0 | 0 |

Highest audible pitch (HAP) is assigned over three times more of the partial correlation than any other metric.

| Variable | Partial Correlation |
|--------------------|---------------------|
| sex1or0[t] | -0.06025 |
| height[t] | -0.074049 |
| vibrotact_sens[t] | -0.162465 |
| hap[t] | -0.603438 |
| mem[t] | -0.072102 |
| vis_accom[t] | -0.160109 |
| aud_react[t] | -0.04811 |
| vis_react[t] | -0.083625 |
| vis_react_w_dec[t] | 0.139754 |
| musc_mov[t] | 0.135781 |
| musc_mov_w_dec [t] | 0.066385 |
| ait_but_tap[t] | 0.024573 |
| Constant | 0.400214 |





Significant correlations between blueberries and yogurt, face-memory and hearing can be seen at 95% confidence.

| One year of data from Participant F | 2-Week Average Hearing | Health Rating | Wild Blueberries | Wild Blueberries and Yogurt | Wild Blueberries plus all supplements | Face % Correct | Face Response Time | Face Final 10 Response Times | Hearing 2K-1000 msec delay | Hearing 4K-2000 msec delay |
|---------------------------------------|------------------------|---------------|------------------|-----------------------------|---------------------------------------|----------------|--------------------|------------------------------|----------------------------|----------------------------|
| 2-Week Average Hearing | 0.13 | 0.17 | 0.39 | 0.24 | 0.02 | 0.13 | 0.02 | 0.54 | 0.46 | 0.15 |
| Health Rating | 0.13 | 0.11 | 0.12 | 0.13 | 0.16 | 0.13 | 0.16 | 0.19 | 0.15 | 0.15 |
| Wild Blueberries | 0.17 | 0.11 | 0.58 | 0.58 | 0.00 | 0.00 | 0.00 | 0.02 | 0.05 | 0.05 |
| Wild Blueberries and Yogurt | 0.36 | 0.12 | 0.58 | 0.73 | 0.17 | 0.03 | 0.13 | 0.25 | 0.44 | 0.44 |
| Wild Blueberries plus all supplements | 0.24 | 0.13 | 0.58 | 0.73 | 0.07 | 0.00 | -0.16 | 0.12 | 0.35 | 0.35 |
| Face % Correct | 0.02 | 0.16 | 0.00 | 0.17 | 0.07 | 0.34 | 0.35 | 0.19 | 0.21 | 0.21 |
| Face Response Time | 0.13 | 0.13 | 0.00 | 0.03 | 0.00 | 0.34 | 0.37 | 0.03 | 0.00 | 0.00 |
| Face Final 10 Response Times | 0.02 | 0.19 | -0.06 | -0.13 | -0.16 | -0.35 | 0.37 | -0.06 | -0.12 | -0.12 |
| Hearing 2K-1000 msec delay | 0.54 | 0.19 | 0.02 | 0.25 | 0.12 | 0.19 | -0.03 | -0.06 | 0.35 | 0.35 |
| Hearing 4K-2000 msec delay | 0.49 | 0.15 | 0.05 | 0.44 | 0.35 | 0.21 | 0.00 | 0.12 | 0.35 | 0.35 |

FIFTH MAIN POINT:

The METHYLATION REVOLUTION has reached geroscience, cancer research and audiology.

Genes are frequently shut down by methylation – the addition of CH3 groups that block gene readout.

Methylation occurs steadily during aging, shutting off genes needed to prevent cancer from forming and also turning off genes needed for cell survival and for hearing.

This [breakthrough paper](#) from the Mount Sinai Medical Center (NYC), Columbia and Harvard Universities... documented DNA methylation and shutdown of a core Alzheimer's-protective-Nrf2 target gene (GSTP1) to be associated with toxic air pollution even in unborn children.

Prenatal fine particulate exposure associated with reduced childhood lung function and nasal epithelia GSTP1 hypermethylation: Sex-specific effects.

Lee AJ^{1,2}, Wang JC^{1,2}, Zhu YH^{1,2}, Roman LJ^{1,2}, Bose S^{1,2}, Shao M^{1,2}, Szefer S^{1,2}, O'Connor J^{1,2}, Wilson A^{1,2}, Schwartz J^{1,2}, Stram D^{1,2}, Cougle B^{1,2}, Brook RD^{1,2}, Baccantini V^{1,2}, Weitzel T^{1,2}.

Abstract
BACKGROUND: In utero exposure to particulate matter with an aerodynamic diameter of less than 2.5 μm (PM_{2.5}) has been linked to child lung function. Overlapping evidence suggests that child sex and exposure timing may modify effects and associations may be mediated through glutathione S-transferase P1 (GSTP1) methylation.
METHODS: We prospectively examined associations among prenatal PM_{2.5} exposure and child lung function and GSTP1 methylation in an urban pregnancy cohort study. We employed a validated satellite-based spatiotemporally resolved prediction model to estimate daily prenatal PM_{2.5} exposure over gestation. We used Bayesian distributed lag interaction models (BDLIMs) to identify sensitive windows for prenatal PM_{2.5} exposure on child lung function and nasal epithelia GSTP1 methylation at age 7 years, and to examine effect modification by child sex.
RESULTS: BDLIMs identified a sensitive window for prenatal PM_{2.5} exposure at 35-40 weeks gestation [cumulative effect estimate (CEE) = 0.10, 95%CI = -0.19 to 0.01, per μg/m³ increase in PM_{2.5} at and at 35-40 weeks (CEE = 0.12, 95%CI = -0.20 to -0.01) on FEV₁ and FVC, respectively, in boys. BDLIMs also identified a sensitive window of exposure at 37-40 weeks gestation between higher prenatal PM_{2.5} exposure and increased GSTP1 percent methylation. The association between higher GSTP1 percent methylation and decreased FEV₁ was borderline significant in the sample as a whole (β = -0.37, SE = 0.20, p = 0.06) and in boys in stratified analyses (β = -0.56, SE = 0.25, p = 0.05).
CONCLUSIONS: Prenatal PM_{2.5} exposure in late pregnancy was associated with impaired early childhood lung function and hypermethylation of GSTP1 DNA isolated from nasal epithelial cells. There was a trend towards higher GSTP1 percent methylation being associated with reduced FEV₁. All findings were most evident among boys.

PMID: 30703190 PMCID: PMC6292382 DOI: 10.1186/s12931-018-0774-3
 Free PMC Article

The hope and excitement about methylation (and other epigenetic changes) is that such changes can be controlled by altering key nutrients.

Harvard scientists published a research report this past March documenting partial reversal of key aspects of blood vessel aging in mice.

Reversal of blood vessel aging may be a key to long, healthy lives.

Cell. 2018 Mar 22;173(1):74-80 e20. doi: 10.1016/j.cell.2018.02.008

Impairment of an Endothelial NAD⁺-H₂S Signaling Network Is a Reversible Cause of Vascular Aging.

Choi A¹, Huang D², Bonkowski MS³, Isopahame A⁴, Li C⁴, Saha S⁵, Kim L⁶, Osborne B⁷, Jaha S⁸, Lu Y⁹, Treviño-Villalba J⁴, Kang M⁴, Hwang TT¹, Lee S¹⁰, Williams EC², Ivanova NP¹¹, Mitchell JB⁴, Yu LF⁴, Turner NA⁴, Arora A⁴, Guarente LP¹², Sinclair DA¹.

Abstract
A decline in capillary density and blood flow with age is a major cause of mortality and morbidity. Understanding why this occurs is key to future gains in human health. NAD precursors reverse aspects of aging, in part, by activating sirtuin deacylases (SIRT1-SIRT7) that mediate the benefits of exercise and dietary restriction (DR). We show that SIRT1 in endothelial cells is a key mediator of pro-angiogenic signals secreted from myocytes. Treatment of mice with the NAD⁺ booster nicotinamide mononucleotide (NMN) improves blood flow and increases endurance in elderly mice by promoting SIRT1-dependent increases in capillary density, an effect augmented by exercise or increasing the levels of hydrogen sulfide (H₂S), a DR mimetic and regulator of endothelial NAD⁺ levels. These findings have implications for improving blood flow to organs and tissues, increasing human performance, and reestablishing a virtuous cycle of mobility in the elderly.

KEYWORDS: NAD⁺; aging; angiogenesis; endurance; exercise; hydrogen sulfide; ischemia; nicotinamide mononucleotide; sirtuins; skeletal muscle capillaries

PMID: 29470999 PMID: PMC5884172 [Available on 2019-03-22] DOI: 10.1016/j.cell.2018.02.008

A relatively simple approach to controlling methylation is to remove CH₃ (methyl group) precursors from our diet and/or remove them with enzymes from our blood stream.

Links to hundreds of papers on this approach are posted at:

<http://www.blueberrystudy.com/Cancer-prevention-and-defense/>

57 research reports discussing methylation and hearing are available at:

[https://www.ncbi.nlm.nih.gov/pubmed/?term=methylation+AND+\(hearing+OR+presbycusis\)](https://www.ncbi.nlm.nih.gov/pubmed/?term=methylation+AND+(hearing+OR+presbycusis))

SIXTH MAIN POINT:

We now have an IRB-approved, inexpensive study protocol to control methylation and by hypothesis postpone aging, Alzheimer's, and presbycusis while reducing our cancer risks.

To review this protocol, visit

BlueberryStudy.com or

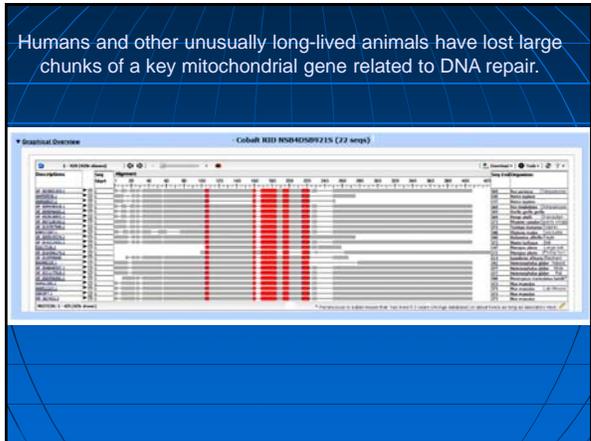
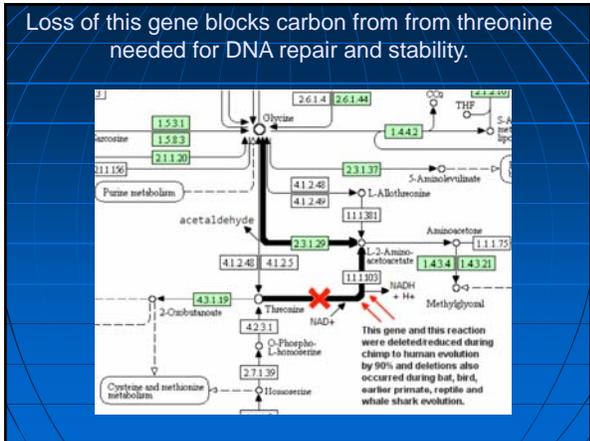
HearingCheck123.com
(under construction)

In a nutshell, this protocol is to consume daily high-polyphenol wild blueberries and (with your physician's and nutritionist's approval) also consume daily **serine**, which reacts with methylation precursors and removes relatively toxic precursor metabolites.

The audiology study protocol under development is one of three complementary study options.

- 1) Participants should consider enrolling in the ALL of US study of the U.S. Natl. Inst. of Hlth. to obtain detailed gene analyses.
<https://www.google.com/search?q=ALL+OF+US+study>
- 2) They may also join the Wild Blueberry Health study for weekly cognitive safety and health checks.
<http://BlueberryStudy.com>
- 3) And they may also join a hearing study to determine if their hearing improves or declines more slowly year after year (protocol details to be determined).
<http://HearingCheck123.com>

SEVENTH MAIN POINT:
The serine-longevity story is surprising indeed.



Phosphatidylserine showed Alzheimer's benefits when consumed during an 12-week intervention period.

Psychopharmacol Bull. 1992;28(1):81-8.

Effects of phosphatidylserine in Alzheimer's disease.

Crook T¹, Piette W, Wells C, Massari DC.

Author information

Abstract
We studied 51 patients meeting clinical criteria for probable Alzheimer's disease (AD). Patients were treated for 12 weeks with a formulation of bovine cortex phosphatidylserine (BC-PS; 100 mg t.i.d.) or placebo, and those treated with the drug improved on several cognitive measures relative to those administered placebo. Differences between treatment groups were most apparent among patients with less severe cognitive impairment. Results suggest that phosphatidylserine may be a promising candidate for study in the early stages of AD.

PMID: 1609044
[Indexed for MEDLINE]
Similar articles

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PMID: 1609044
[Indexed for MEDLINE]
Similar articles

Phosphatidylserine was employed as a positive control at only 200 mg/day and showed little benefit. Serine is prescribed at 10 times this daily dose today.

Dev Disabil. 1992 Apr;15(4):374-82.

Serigiline in the treatment of mild to moderate Alzheimer-type dementia.

Volinnikoff J, Quinn C, Ross F, Horowitz A, Pines DC.

Author information

Abstract
Serigiline, an inhibitor of monoamine oxidase B, was tested in patients with mild to moderate dementia of the Alzheimer type. Its efficacy and tolerability were compared with that of phosphatidylserine in a randomized, single-blind, parallel fashion. Forty patients (24 men and 16 women) entered the trial. Serigiline was administered in 10-mg tablets once daily, and phosphatidylserine in 100-mg capsules twice daily, both treatments lasting three months. Drug efficacy was assessed at baseline and then each month by means of an extensive battery of neuropsychological tests. The assessment of drug safety was based on monitoring for adverse drug reactions and on routine laboratory tests performed before and after treatment. At the end of the study the serigiline group showed improvements statistically significantly superior to those obtained in the phosphatidylserine group on most of the cognitive areas examined. Furthermore, of particular interest was the discovery, found only in the serigiline group, of an increased degree of autonomy in day-to-day activities. Tolerability was good; the only side effect reported in both groups being slight or moderate nausea, which was severe enough to warrant withdrawal from treatment only in one case: a patient in the serigiline group with a history of peptic ulcers.

PMID: 2121886
[Indexed for MEDLINE]
10/18/1992

Phosphatidylserine suggested in 1989 to retard cerebral aging, as a working hypothesis. If cerebral aging can be slowed, then presbycusis may be reduced, delayed and possibly in some cases prevented.

Dev Disabil. 1989;11(1):108-16.

Double-blind study with phosphatidylserine (PS) in parkinsonian patients with senile dementia of Alzheimer's type (SDAT).

Carlsberg E¹, Rosen M, Nadeau P, Szymanski J, Minkowski D.

Author information

Abstract
Experimental and clinical studies showed that Phosphatidylserine—special preparation from cow's brain by PDS, Idaho, Idaho, USA—may be able to influence cerebral changes contributed to the symptoms of senile dementia of Alzheimer's type. The application of the computerized EEG method DYNACIC (SUNAT MAPPING (H) Research Center, Tarrytown, New York) is able to proof the therapeutic effect of phosphatidylserine: the acceleration of a slowed EEG in Parkinsonian patients with SDAT. These reactions were seen previous to the favourable clinical influence documented by the Sandoz Clinical Assessment Geriatric Scale (SCAG), which showed a significant amelioration in anxiety, motivation and affectivity by the serine drug. Audie and long-term EEG results at 18 months showed that the so-called Theta arborisation can be reduced or even abolished. This is replaced by Alpha waves. Even in geriatric cerebral changes this method open the possibility to show frequent alterations of the brain metabolism. Preliminary, therapeutic results leads to this and not proven hypothesis that prevention or retardation of cerebral ageing might be possible.

PMID: 2800003
[Indexed for MEDLINE]
Similar articles

Phosphatidylserine was safe and slightly lowered diastolic blood pressure in this relatively large (N = 157), low dose, 30-week safety study.

BMC Geriatr. 2011 Apr 28;11(1):16. doi: 10.1186/1471-2317-11-16.

Safety of phosphatidylserine containing omega-3 fatty acids in non-demented elderly: a double-blind placebo-controlled trial followed by an open-label extension.

Wongrakpanit J, Chittichol J, Chittichol S, Srisriwong S.

Author information

Abstract
BACKGROUND: Phosphatidylserine (PS) is a naturally occurring phospholipid present in the inner leaflet of mammalian plasma membranes. Administration of PS extracted from bovine cortex (BC-PS), which contains high levels of omega-3 long chain polyunsaturated fatty acid (EPA-PURFA) attached to its backbone, resulted in positive effects on brain functions such as learning and memory. Recently, a novel marine sourced PS with omega-3 LC-PURFA attached to its backbone was developed (PS-DHA). In the present study, we evaluated the safety profile of the novel PS preparation in non-demented elderly with memory complaints. The efficacy study of this novel formulation indicated that PS-DHA may ameliorate cognitive deficits in non-demented elderly population.

METHODS: 157 non-demented elderly participants with memory complaints were randomized to receive either PS-DHA (300 mg PS/day) or placebo for 15 weeks. Standard biochemical and hematological safety parameters, blood pressure and heart rate were evaluated at baseline and endpoint. 122 participants continued into an open-label extension for additional 15 weeks, in which they all consumed PS-DHA (100 mg PS/day) and were evaluated for their blood pressure, heart rate and weight at endpoint. Adverse events were monitored throughout the double-blind and open-label phases.

RESULTS: 151 participants completed the double-blind phase. No significant differences were found in any of the tested safety parameters between the study groups, or within each group. 121 participants completed the open-label phase. At the end of this phase, there was a reduction in resting diastolic blood pressure and a slight weight gain among participants who consumed PS-DHA for 30 weeks.

CONCLUSIONS: The results of this study indicate that consumption of PS-DHA at a dosage of 300 mg PS/day for 15 weeks, or 100 mg PS/day for 30 weeks, is safe, well tolerated, and does not produce any negative effects in the tested parameters.

TRIAL REGISTRATION: Clinicaltrials.gov, identifier: NCT01342392

PMID: 2171117
PMID: 21613249
DOI: 10.1186/1471-2317-11-16
[Indexed for MEDLINE] Free PMC Article

Phosphatidylserine may also help reduce ADHD symptoms in children.

BMC Geriatr. 2012 Jul 27;12(1):16. doi: 10.1186/1471-2317-12-16.

The effect of phosphatidylserine containing Omega3 fatty-acids on attention-deficit hyperactivity disorder symptoms in children: a double-blind placebo-controlled trial, followed by an open-label extension.

Wongrakpanit J, Wongsakul P, Srisriwong S, Chittichol J, Chittichol S, Srisriwong S, Wongsakul P, Wongsakul S.

Author information

Abstract
OBJECTIVE: To study the efficacy and safety of phosphatidylserine (PS) containing Omega3 long chain polyunsaturated fatty acids attached to its backbone (PS-Omega3) in reducing attention-deficit hyperactivity disorder (ADHD) symptoms in children.

METHOD: A 15-week, double-blind placebo-controlled phase followed by an open-label extension of additional 15 weeks. Two hundred ADHD children were randomized to receive either PS-Omega3 or placebo, out of them, 150 children continued into the extension. Efficacy was assessed using Conners' parent and teacher rating scales (CRS-R/T), Strengths and Difficulties Questionnaire (SDQ), and Child Health Questionnaire (CHQ). Safety evaluation included adverse events monitoring.

RESULTS: The key finding of the double-blind phase was the significant reduction in the Global Rating of Impairment subscale of CRS-R and the significant improvement in Parent Impact subscale of CHQ, both in the PS-Omega3 group. Exploratory subgroup analysis of children with a more pronounced hyperactive-impulsive behavior, as well as mood and behavior dysregulation, revealed a significant reduction in the ADHD inattentive and hyperactive components. Extra from the open-label extension indicated sustained efficacy for children who continued to receive PS-Omega3. Children that switched to PS-Omega3 treatment from placebo showed a significant reduction in inattentive scores of both CRS-R and the CHQ-T, as compared to baseline scores. The treatment was well tolerated.

CONCLUSIONS: The results of this 30-week study suggest that PS-Omega3 may reduce ADHD symptoms in children. Preliminary analysis suggests that this treatment may be especially effective in a subgroup of hyperactive-impulsive, emotionally and behaviorally-dysregulated ADHD children.

TRIAL REGISTRATION: ClinicalTrials.gov, NCT01342392

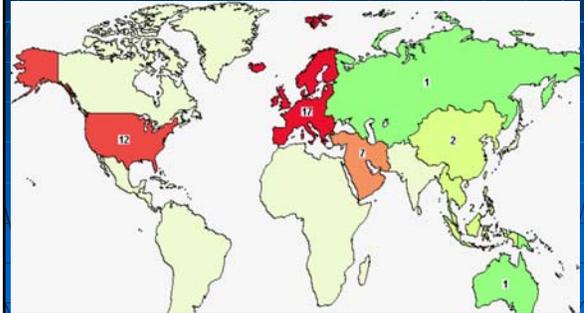
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PMID: 22871461
DOI: 10.1186/1471-2317-12-16
[Indexed for MEDLINE]

Phosphatidylserine aided dementia patients at 300 mg/day in the earliest (1986) trial listed in the PubMed.gov database.



Map of phosphatidylserine studies showing more are conducted in Europe than the U.S.



Howard Raphaelson will now discuss the work that remains and financial aspects of research in the near future.

Thank you in advance for your questions and recommendations.

Email messages are welcome at BlueberryStudy@gmail.com