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Effects Of Omega3 Fatty Acids On Organ Transplantation Evidence Reporttechnology Assessment

**U.s. Department of Health and Human
Services, Agency for Healthcare
Research and Quality**



Effects Of Omega3 Fatty Acids On Organ Transplantation Evidence Reporttechnology Assessment:

Effects of Omega-3 Fatty Acids on Arrhythmogenic Mechanisms in Animal and Isolated Organ/cell Culture Studies ,2004

Effects of Omega-3 Fatty Acids on Organ Transplantation U.s. Department of Health and Human Services,Agency for Healthcare Research and Quality,2014-06-29 This evidence report is one of several reports that address topics related to omega 3 fatty acid The aim of the reports is to summarize the current evidence on the health effects of omega 3 fatty acids eicosapentaenoic acid EPA chemical abbreviation 20 5 n 3 docosahexaenoic acid DHA 22 6 n 3 alpha linolenic acid ALA 18 3 n 3 and docosapentaenoic acid DPA 22 5 n 3 on the following cardiovascular disease cancer child and maternal health eye health gastrointestinal diseases kidney diseases asthma autoimmune diseases immune mediated diseases organ transplantation mental health and neurological diseases and conditions In addition to informing the research community and the public on the effects of omega 3 fatty acids on various health conditions it is anticipated that the findings of the reports will also be used to help define the agenda for future research Nine key questions are addressed in this report Question 1 What is the evidence that omega 3 fatty acid supplementation reduced rejection episodes or graft failure in patients adults or children who received an organ transplant Question 2 What is the evidence that omega 3 fatty acid supplementation is renoprotective improves glomerular filtration rate or increases kidney size or is protective against primary kidney disease recurrence following kidney transplantation Question 3 What is the evidence that omega 3 fatty acid supplementation lowers cardiovascular disease risk factors or events in organ transplant recipients adults or children Question 4 What is the evidence that omega 3 fatty acid supplementation reduces serious infectious complications following organ transplantation Question 5 What is the evidence that any benefits to organ transplant recipients from omega 3 fatty acid supplementation differ in different subsets of patients Question 6 What is the evidence that effects of omega 3 fatty acid supplementation on outcomes of interest vary depending on the time of administration relative to transplantation procedures pre or post transplant Question 7 What is the evidence in patients adults or children who receive an organ transplant that the benefits of omega 3 fatty acid supplementation interact with the concomitant administration of various immunosuppressive agents drugs Question 8 What is the evidence in patients adults or children who receive an organ transplant that serum levels of immunosuppressive agents drugs are altered by omega 3 fatty acid supplementation Question 9 What is the evidence in patients adults or children who receive an organ transplant that omega 3 fatty acid supplementation can replace or reduce the need for other more potent anti inflammatory or immunosuppressive drugs such as steroids and non steroidal anti inflammatory drugs **AHRQ Research Activities** ,2005 Research Activities ,2004 Knowing What Works in Health Care Institute of Medicine,Board on Health Care Services,Committee on Reviewing Evidence to Identify Highly Effective Clinical Services,2008-04-29 There is currently heightened interest in optimizing health care through the generation of new knowledge on the effectiveness of health care services The United States must substantially strengthen its capacity for

assessing evidence on what is known and not known about what works in health care Even the most sophisticated clinicians and consumers struggle to learn which care is appropriate and under what circumstances Knowing What Works in Health Care looks at the three fundamental health care issues in the United States setting priorities for evidence assessment assessing evidence systematic review and developing evidence based clinical practice guidelines and how each of these contributes to the end goal of effective practical health care systems This book provides an overall vision and roadmap for improving how the nation uses scientific evidence to identify the most effective clinical services Knowing What Works in Health Care gives private and public sector firms consumers health care professionals benefit administrators and others the authoritative independent information required for making essential informed health care decisions

Molecular Basis of Nutrition and Aging Marco Malavolta,Eugenio Mocchegiani,2016-04-15 Molecular Basis of Nutrition and Aging A Volume in the Molecular Nutrition Series focuses on the nutritional issues associated with aging and the important metabolic consequences of diet nutrition and health The book is subdivided into four parts that reflect the impact of nutrition from a biomolecular level to individual health In Part One chapters explore the general aspects of aging aging phenotypes and relevant aspects of nutrition related to the elderly and healthy aging Part Two includes molecular and cellular targets of nutrition in aging with chapters exploring lipid peroxidation inflammaging anabolic and catabolic signaling epigenetics DNA damage and repair redox homeostasis and insulin sensitivity among others Part Three looks at system level and organ targets of nutrition in aging including a variety of tissues systems and diseases such as immune function the cardiovascular system the brain and dementia muscle bone lung and many others Finally Part Four focuses on the health effects of specific dietary compounds and dietary interventions in aging including vitamin D retinol curcumin folate iron potassium calcium magnesium zinc copper selenium iodine vitamin B fish oil vitamin E resveratrol polyphenols vegetables and fruit as well as the current nutritional recommendations Offers updated information and a perspectives on important future developments to different professionals involved in the basic and clinical research on all major nutritional aspects of aging Explores how nutritional factors are involved in the pathogenesis of aging across body systems Investigates the molecular and genetic basis of aging and cellular senescence through the lens of the rapidly evolving field of molecular nutrition

2008 Healthcare Standards Official Directory ECRI Institute Staff,Ecri,2007-12 *Index Medicus* ,2004 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings Cumulated Index Medicus ,1991

Effects of Omega-3 Fatty Acids on Organ Transplantation Peter Bonis,2005-11 This report was requested funded by the office of Dietary Supplements Nat Institutes of Health NIH Laboratory studies human studies in the non transplant setting have suggested a potential benefit of omega 3 fatty acid supplementation on several outcome measures some of which may benefit patients undergoing organ transplantation A systematic review of the literature showed that all evaluated studies had a small size methodological deficiencies There was variability in the rigor with which endpoints were defined measured No consistent benefits of fish oil

supplementation were observed for any outcome with the exception of a modest benefit on triglycerides in kidney transplantation Illustrations Science Citation Index, 1994 Vols for 1964 have guides and journal lists Effects of Omega-3 Fatty Acids on Arrhythmogenic Mechanisms in Animal and Isolated Organ/Cell Culture Studies U.s. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2014-06-27 This evidence report is one of three prepared by the Tufts New England Medical Center Evidence based Practice Center EPC concerning the health benefits of omega 3 fatty acids on cardiovascular diseases The aim of these reports is to summarize the current evidence of the health effects of omega 3 fatty acids on cardiovascular diseases cancer child and maternal health eye health gastrointestinal renal diseases asthma autoimmune diseases immune mediated diseases transplantation mental health and neurological diseases and conditions The focus of this report is on arrhythmogenic mechanisms in animal and isolated organ and cell culture studies Arrhythmias are thought to be the cause of sudden death in heart disease Animal studies have suggested that omega 3 long chain polyunsaturated fatty acids LC PUFAs such as eicosapentaenoic acid EPA 20 5 n 3 and docosahexaenoic acid DHA 22 6 n 3 engage in multiple cytoprotective activities that may contribute to antiarrhythmic mechanisms In this report we examine evidence that omega 3 fatty acids affect cell organelles such as cardiac ion channels pumps or exchange mechanisms that are involved in cardiac electrophysiology or electrogenesis The key questions addressed by this report are 1 What is the evidence from whole animal studies that omega 3 fatty acids affect arrhythmogenic outcomes and intermediate outcomes 2 What is the evidence from cell culture and tissue studies including animal and human cardiac tissue that omega 3 fatty acids directly affect cell organelles such as cardiac ion channels pumps or exchange mechanisms involved in electrogenesis In whole animal studies examined for this report omega 3 fatty acids were fed to whole intact animals as part of their diet or were infused intravenously Outcomes examined by these studies include induced arrhythmia ventricular ectopic beats and ventricular and atrial fibrillation In whole animal isolated organ and cell studies omega 3 fatty acids were fed to whole intact animals as part of their diet and organs or cell tissues were subsequently excised from the animal to study outcomes such as arrhythmia and myocyte contraction and beating rate In pure isolated organ and cell studies omega 3 fatty acids were applied directly to mammalian tissues or cultured cell lines or incorporated into the membrane of the mammalian tissues or cultured cell lines Outcomes examined in these studies include induced arrhythmia myocyte contraction and beating rate and any other arrhythmogenic outcomes In examining studies for this report we focused on several potential arrhythmogenic mechanisms including contractile parameters basoelectromechanical parameters ion pumps ion channels and membrane currents Index to Scientific Reviews, 1983 Effects of Omega-3 Fatty Acids on Organ Transplantation Peter A. L. Bonis, M. Chung, National Center for Biotechnology Information (États-Unis), United States. Agency for Healthcare Research and Quality, A. Tatsioni, Tufts-New England Medical Center. Evidence-based Practice Center, États-Unis. Agency for Healthcare Research and Quality, Y. Sun, B. Kupelnick, A. Lichtenstein, R. Perrone, P. Chew, D. DeVine, J. Lau, 2005-02-01

B.A.S.I.C. ,1966 Effects of Omega-3 Fatty Acids on Cardiovascular Disease U.s. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2014-06-27 This evidence report is 1 of 3 reports prepared concerning the health benefits of omega 3 fatty acids on cardiovascular diseases These reports are among several that address topics related to omega 3 fatty acids and that were requested by the Office of Dietary Supplements National Institutes of Health through the EPC Program at the Agency for Healthcare Research and Quality AHRQ The aim of the reports is to summarize the current evidence on the health effects of omega 3 fatty acids on the following CVD cancer child and maternal health eye health gastrointestinal renal diseases asthma autoimmune diseases immune mediated diseases transplantation mental health and neurological diseases and conditions In addition to informing the research community and the public on the effects of omega 3 fatty acids on various health conditions it is anticipated that the findings of the reports will also be used to help define the agenda for future research The focus of this report is on CVD outcomes in humans The other 2 reports focus on risk factors of cardiovascular disease and on arrhythmic electrophysiology in animal and in vitro studies In this chapter the metabolism physiological functions and the sources of omega 3 fatty acids are briefly discussed Subsequent chapters describe the methods used to identify and review studies related to omega 3 fatty acids and CVD including the analytic framework for this report findings related to the effects of omega 3 fatty acids on cardiovascular conditions and recommendations for future research in this area

Effects of Omega-3 Fatty Acids on Cancer U.s. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2014-06-29 This report was requested by the Agency for Healthcare Research and Quality AHRQ the National Institutes of Health NIH Office of Dietary Supplements and several other NIH institutes It is one of several reports focusing on the role of omega 3 fatty acids in the prevention or treatment of various diseases This particular report focuses on the effects of omega 3 fatty acids on cancer specifically tumor incidence clinical outcomes after cancer treatment and tumor behavior Over the past 40 years an increasing number of physiological functions have been attributed to omega 3 fatty acids including movement of calcium and other substances into and out of cells relaxation and contraction of muscles and regulation of clotting and secretion of substances that include digestive enzymes and hormones Omega 3 fatty acids also play a role in the control of fertility cell division and growth suggesting they may protect against certain types of cancer or may alter the response to cancer treatment The major dietary sources of omega 3 fatty acids in the U S population are fish fish oil vegetable oils principally canola and soybean walnuts wheat germ and some dietary supplements

Effects of Omega-3 Fatty Acids on Arrhythmogenic Mechanisms in Animal and Isolated Organ/Cell Culture Studies ,2004 Effects of Omega-3 Fatty Acids on Child and Maternal Health U.s. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2014-06-29 The purpose of this study was to conduct a systematic review of the scientific medical literature to identify appraise and synthesize the human evidence for the effects of omega 3 fatty acids on child and maternal health It has been posited that the accretion of

omega 3 fatty acids within the maternal biological system has the potential to influence both maternal health during pregnancy and fetal health. Likewise, it has been hypothesized that their accumulation within the post-delivery child's biological system can affect its development and health. Birth weight is the most important factor affecting neonatal morbidity and mortality and is thus an outcome worth monitoring. Moreover, premature infants are at risk of injury to every organ system in the newborn period. Of greatest concern for infants who survive are the risks of developing permanent neurocognitive deficits that impact their lifelong health and functional capacity. Results of studies conducted on residents of the Faroe Islands suggest that marine diets which contain omega 3 fatty acids increase birth weight either by prolonging pregnancy⁸ or by increasing the fetal growth rate. Additionally, it has been hypothesized that marine oils may lower risks of certain complications of pregnancy, in particular preterm delivery, intrauterine growth retardation, preeclampsia, and gestational hypertension, given that some of omega 3 fatty acids' presumed mechanisms of action overlap with those of aspirin. Docosahexaenoic acid (DHA) and arachidonic acid (AA) have been identified as important structural components of the highly specialized membrane lipids of the human central nervous system, with phospholipids of brain gray matter containing high proportions of DHA. DHA has also been observed to be the major long-chain polyunsaturated fatty acid (LC PUFA) in the outer segments of the retina's rods and cones. Based on observational studies, it has been shown that human milk-fed infants have improved neurocognitive development compared to formula-fed infants; it was hypothesized that one of the contributing factors may be the availability of long-chain derivatives of linoleic acid (LA) and alpha-linolenic acid (ALA) that is present only in human milk. This difference in fatty acid intake is reflected in lower erythrocyte membrane phospholipid DHA in infants fed formula.¹⁸ Until the recent availability of infant formula with added omega 3 LC PUFAs, standard infant formula was devoid of these fatty acids. The likely significance of omega 3 fatty acids for child health is therefore suggested by the observations that a) the human brain and retina each contain considerable amounts of omega 3 fatty acids, b) the children delivered at term receive an important supply of omega 3 fatty acids, especially in the third trimester of pregnancy, and c) due to a shortened gestational period, a child delivered prematurely receives less exposure to omega 3 fatty acids content than does the term child. Not surprisingly, the observation concerning preterm infants has afforded considerable empirical study of the impact of omega 3 fatty acids on the health of such infants.

Effects of Omega-3 Fatty Acids on Cardiovascular Risk Factors and Intermediate Markers of Cardiovascular Disease U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2014-06-28. Numerous studies have examined the relationship between dietary fat and cardiovascular disease (CVD). Most early epidemiology studies noted very low cardiovascular mortality in populations with high fish consumption. The apparent benefit of dietary fish is explained by the intake of very long-chain highly polyunsaturated omega 3 fatty acids.⁵ Since these early studies, hundreds of observational and clinical trials have been conducted to analyze the effect of both marine and plant sources of omega 3 fatty acids on CVD and a wide range of risk factors and intermediate

markers of CVD and to define and explain the potential benefits of increased intake of the omega 3 fatty acids. The primary omega 3 fatty acids of interest include eicosapentaenoic acid (EPA 20:5 n-3) and docosahexaenoic acid (DHA 22:6 n-3) which are derived primarily from marine sources and alpha linolenic acid (ALA 18:3 n-3) which is derived primarily from plant sources. This report examines evidence addressing both the association in humans between omega 3 fatty acids and cardiovascular intermediate outcomes and risk factors and the association between omega 3 fatty acids and tissue or plasma levels of omega 3 fatty acids. The three specific populations of interest are healthy adults with no known CVD or risk factors, adults at increased risk of CVD due specifically to diabetes, hypertension or hyperlipidemia, and adults with known CVD. The exposure of interest is omega 3 fatty acids. Questions of interest include how different sources, dosages and relative proportions of the fatty acids differ in their effects on the outcomes of interest. Included are questions addressing possible differences between the effects of supplements (e.g. fish oil capsules) and dietary sources (e.g. fatty fish), the effect of duration of intervention or exposure and whether any effect is sustained after stopping exposure. In addition, because of a lack of clarity regarding the most accurate measure of levels of omega 3 fatty acids in the body, we also address how omega 3 fatty acid intake relates to different measures of tissue and plasma fatty acid levels. A large number of putative risk factors for and intermediate markers of CVD exist, including markers for different aspects of CVD, markers for risk factors of CVD and markers for other factors related to cardiovascular health. However, the relationship between most of these laboratory measurements or diagnostic tests and aspects of atherosclerosis such as inflammation are generally unproven. The relationships between these factors and actual clinical disease and events are generally even more theoretical. Based on these limitations and the available data, the effects of omega 3 fatty acid intake on the following risk factors are addressed in this report: total cholesterol, low density lipoprotein cholesterol (LDL), high density lipoprotein cholesterol (HDL), triglycerides (Tg), lipoprotein a (Lp a), apolipoprotein apo A1, apo B, apo B 100 and LDL apo B, systolic and diastolic blood pressure (BP), hemoglobin (Hgb), A1c, fasting blood sugar (FBS), fasting insulin, C reactive protein (CRP), fibrinogen, factors VII, VIII and von Willebrand factor (vWF) and platelet aggregation. In addition, we examine the following intermediate markers of CVD: coronary artery restenosis after angioplasty, carotid artery intima-media thickness (IMT), exercise tolerance testing (ETT) and heart rate (HR) variability.

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