

THE ROLE OF FOLIC ACID RELATED NUTRITIONAL GENETICS IN COMMON CHRONIC DEGENERATIVE DISORDERS

By

Lyndell Boyd, BHumNut (Hons)

A thesis submitted for the degree of

Doctor of Philosophy, Food Science

Faculty of Science & IT

School of Environmental and Life Science

University of Newcastle

New South Wales

Australia

February 2014

Statement of Originality

This thesis contains no material previously accepted for the award of any other degree or diploma in any university or tertiary institution. Further, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference has been made in the text.

However, I acknowledge that the work embodied in this thesis has been done in collaboration with other researchers and has been carried out in part at other institutions. Where necessary, I have indicated within the thesis the extent and type of collaboration, and acknowledged the contributing parties.

I give consent for this copy of my thesis to be deposited in the University's Digital Repository and to be made available worldwide for loan and photocopying subject to the provisions of the Copyright Act 1968.

Table of Contents

Table of Contents.....	II
Abbreviations	I
Synopsis	III
List of Figures	V
List of Tables	VI
Acknowledgments	X
Acknowledgment of collaboration.....	XI
Acknowledgment of Authorship	XIII
 CHAPTER 1 - THESIS INTRODUCTION	 1
1. Overview	2
1.1. Socio-Economic Impact of Nutrition in Disease Prevention	2
1.1.1. The burden of chronic disease and prevention	3
1.1.2. Gene-nutrient interactions, genetic susceptibility and evolutionary discordance	7
1.1.3. The industrial era - post agriculture diets & health ramifications	10
1.1.4. The ageing process and chronic degenerative diseases.....	17
1.2. Folic Acid – A Key B-group Vitamin	28
1.2.1. Discovery.....	29
1.2.2. A paradigm shift in understanding the role of folate in health and disease (1990-2011).....	31
1.2.3. Folate biochemistry	33
1.2.4. Dietary sources	34
1.2.5. Folate bioavailability.....	36
1.2.6. Dietary requirements and assessment of nutriture	36
1.2.7. Absorption and transport of dietary folates.....	38
1.2.8. Folate-mediated one-carbon metabolism	41
1.2.9. The homocysteine transsulphuration pathway and the relevance of its metabolites	43
1.2.10. Nutrient-nutrient interactions related to folate dependent one-carbon metabolism	47
1.2.11. Genetic variation within folate metabolism	52
1.3. B-Vitamin Related Molecular Mechanisms That Underpin Disease	73
1.3.1. The impact of folate deprivation.....	74
1.3.2. Folate excess	85
1.3.3. Folic acid fortification	86
1.3.4. Possible adverse effects of mandatory fortification of flour with folic acid	88
1.4. Thesis Scope	103
 CHAPTER 2 - METHODOLOGICAL APPROACH	 106
2. Overview	107
2.1. Biochemical Measurements.....	107
2.1.1. Blood collection and handling	107
2.1.2. Assay of red cell folate, serum folate and vitamin B ₁₂	108
2.2. Plasma Determination of Thiols	109
2.2.1. Equipment and chromatographic conditions	110
2.2.2. Assay reagents and standards	110
2.2.3. Plasma thiol derivatisation	111
2.2.4. The standard curve and calculation of thiol concentrations	113

2.2.5.	Intra- and inter-assay coefficients of variation for plasma thiols	113
2.3.	Gene Polymorphism Detection	114
2.3.1.	Polymerase chain reaction.....	114
2.3.2.	DNA extraction	116
2.3.3.	Restriction enzyme digestion	122
2.3.4.	Electrophoresis, imaging and analysis	122
2.4.	Nutritional Intake Assessment	124
2.4.1.	Design of the nutritional questionnaire	125
2.4.2.	Determination of dietary folates	126
2.5.	Statistical Analysis of Data	128

CHAPTER 3 - B-VITAMIN NUTRITIONAL GENETICS IN THE ELDERLY 129

A DETAILED STUDY OF HYPERTENSIVE AND DEPRESSION PHENOTYPES.... 129

3.	Overview	130
3.1.	Study Design	131
3.1.1.	Ethics approval.....	131
3.1.2.	Study recruitment	131
3.1.3.	Hospital anxiety and depression scale; self-administration and scoring	133
3.1.4.	Mini-mental state examination; administration and scoring	134
3.1.5.	Blood pressure/ pulse rate determination and anthropometrics	134
3.1.6.	Food frequency questionnaire	134
3.1.7.	Non-clinical measurements.....	134
3.1.8.	Statistical analysis	135
3.2.	Results.....	136
3.2.1.	Descriptive statistics.....	136
3.2.2.	B-vitamin related genetics.....	137
3.2.3.	B-vitamin/thiol related nutritional genetics organised by genotype.....	138
3.2.4.	Hypertensive phenotype	143
3.2.5.	Hypertensive phenotype; B-vitamin/thiol related nutritional genetic data organised by genotype.....	146
3.2.6.	Analysis of combined nutritional biochemistry and genetic data sets to establish any relationship to hypertension	155
3.2.7.	Depression phenotype	160
3.2.8.	Depression phenotype; B-vitamin/thiol related nutritional genetic data organised by genotype.....	164
3.2.9.	Analysis of combined nutritional biochemistry and genetic data to establish any relationship to depression.....	173

CHAPTER 4 - B-VITAMIN NUTRITIONAL GENETICS IN THE ELDERLY - RISK FOR ALZHEIMER'S DISEASE..... 179

4.	Overview	180
4.1.	Study Design	181
4.1.1.	Ethics approval.....	181
4.1.2.	Study recruitment	181
4.1.3.	Clinical assessment and neuropsychological testing	181
4.1.4.	Food frequency questionnaire	182
4.1.5.	Non-clinical measurements.....	182
4.1.6.	Statistical analysis	183
4.2.	Results.....	183
4.2.1.	Descriptive statistics.....	184
4.2.2.	B-vitamin metabolites and related indices	184
4.2.3.	B-vitamin related genetics (prevalence)	187

4.2.4.	B-vitamin/thiol related nutritional genetics organised by genotype.....	187
4.2.5.	Alzheimer's disease phenotype; B-vitamin/thiol related nutritional genetic data organised by genotype.....	193
4.2.6.	Analysis of combined nutritional biochemistry and genetic data to establish any relationship to Alzheimer's dementia	198

CHAPTER 5 - B-VITAMIN RELATED NUTRITIONAL GENETICS AND OCCURRENCE OF ADENOMATOUS POLYPS - A MAJOR ANTECEDENT OF COLORECTAL CANCER..... 203

5.	Overview	204
5.1.	Study Design	204
5.1.1.	Ethics approval.....	204
5.1.2.	Recruitment and clinical assessment	205
5.1.3.	Food frequency questionnaire	205
5.1.4.	Non-clinical measurements.....	206
5.1.5.	Statistical analysis	206
5.2.	Results.....	207
5.2.1.	Descriptive statistics.....	207
5.2.2.	B-vitamin metabolites and related indices	207
5.2.3.	B-vitamin related genetics – prevalence.....	209
5.2.4.	B-vitamin/thiol related nutritional genetics organised by genotype for all subjects (adenomatous and non-adenomatous polyps and controls) .	209
5.2.5.	Adenomatous polyps – phenotype specific analysis	214
5.2.6.	B-vitamin/thiol related nutritional genetics organised by clinical phenotype.....	224
5.2.7.	Analysis of combined nutritional biochemistry and genetic data to establish any relationship to adenomatous polyps and non-adenomatous polyps	237
5.2.8.	Integrated analysis of dietary folic acid (type and level of vitamer), folic acid cellular status and risk for colonic adenomatous polyp	241

CHAPTER 6 - DISCUSSION..... 247

6.	Overview	248
6.1.	The Role of Folic Acid and Nutritional Genetics in Common Chronic Degenerative Disorders.....	248
6.1.1.	Phenotype I: hypertension	253
6.1.2.	Phenotype II: depression	261
6.1.3.	Phenotype III: Alzheimer's dementia	267
6.1.4.	Phenotype IV: colorectal adenomatous polyps	272
6.2.	Limitations of this Research.....	279
6.3.	Ramifications of Mandatory Folic Acid Fortification	282
6.4.	Future Undertakings	285
6.5.	Conclusion.....	287

CHAPTER 7 - REFERENCES & APPENDICES 290

7.1	Literature Cited	291
7.2	Appendix 1: Food Frequency Questionnaire	350
7.3	Appendix 2: Hospital Anxiety and Depression Scale.....	365

Abbreviations

$^{\circ}\text{C}$	Degree Celsius
\bar{x}	Mean
AD	Alzheimer's disease
ADHD	Attention Deficit Hyperactivity Disorder
AIHW	Australian Institute of Health and Welfare
ANOVA	Analysis of variance
AUD	Australian Dollars
BMI	Body Mass Index
bp	Base pairs
COMT	Catechol-O-methyltransferase
CpG	Cytosine-Guanine
CV	Coefficient of variation
CVD	Cardiovascular disease
C β S	Cystathionine β -Synthase
CyL	Cystathionine- γ -lyase
DHFR	Dihydrofolate Reductase
DNA	Deoxyribonucleic acid
dNTPs	deoxyribonucleoside triphosphate
dTMP	deoxythymidine monophosphate
dUMP	deoxyuridine monophosphate
EDTA	Ethylenediaminetetra-acetic acid
eNOS	endothelial nitric oxide synthase
FAD	Flavin adenine dinucleotide
FFQ	Food Frequency Questionnaire
FMN	Flavin mononucleotide
FSANZ	Food Standards Australia New Zealand
GWAS	Genome-wide association studies
GCPII	Glutamate carboxypeptidase II
H ₂ PteGlu	Dihydrofolate
H ₄ PteGlu	Tetrahydrofolate
HADS	Hospital Anxiety Depression Scale/Score
HDL	High Density Lipoprotein
Het	Heterozygote
HPLC	High-performance liquid chromatography
ICPMR	Institute of Clinical Pathology and Medical Research
IVF	<i>In vitro</i> fertilisation
LDL	Low Density Lipoprotein
MMSE	Mini mental State Examination
mRNA	Messenger Ribonucleic Acid
MTHFR	Methylenetetrahydrofolate Reductase
MTR	Methionine Synthase
MTRR	Methionine Synthase Reductase
<i>n</i>	Number

NADPH	Nicotinamide Adenine Dinucleotide Phosphate
NHANES	National Health and Nutrition Examination Survey
NHMRC	National Health and Medical Research Council
NMDA	<i>N</i> -methyl-d-aspartate
NSW	New South Wales, Australia
NTD	Neural Tube Defects
OR	Odds Ratio
PCFT	Proton Coupled Folate Transporter
PCR	Polymerase Chain Reaction
PLP	Pyridoxal 5' Phosphate
PUFA	Polyunsaturated Fatty Acid
RDI	Recommended Daily Intake
Rec	Recessive
RFC	Reduced Folate Carrier
RFLP	Restriction Fragment Length Polymorphism
RNA	Ribonucleic Acid
SAH	S-adenosylhomocysteine
SAM	S-adenosylmethionine
SBDF	7-Fluorobenzo-2-oxa-1,3-diazole-4-sulfonic acid ammonium salt
SD	Standard deviation
SHMT	Serine hydroxymethyltransferase
SNP	Single Nucleotide Polymorphism
TBE	Tris/Borate/EDTA
TCEP	Tris(2-carboxyethyl)phosphine
TS	Thymidylate synthase
TSER	Thymidylate synthase enhancer region
UK	United Kingdom
US	United States
USD	United States Dollars
UV	Ultra Violet
VIC	Victoria, Australia
WHO	World Health Organisation
Wt	Wild-type

Synopsis

Nutrition has long been recognised as having a significant impact on health. In developed countries, there has been a shift away from prevention of overt nutrient deficiency diseases to emphasis on preventing the health complications of nutritional excess. The contemporary burden of chronic disease, in both developed and developing nations, is increasing as society ages and is linked to dietary elements, genetic susceptibility and environmental change. Today's populations largely consume energy-dense nutrient-poor foods, an important component in our contemporary obesogenic environment. This type of diet is often low in essential micronutrients, particularly important B-group vitamins linked to the prevention of a range of chronic diseases.

Folic acid nutritional genetics, the subject of this thesis, influences a broad sphere of clinical conditions. Folic acid has a central role in one-carbon metabolism, a complex nexus responsible for donating methyl units vital for both nucleotide synthesis and provision of S-adenosylmethionine. Moderate folate deficiency induces DNA hypomethylation, and via uracil misincorporation, DNA instability; both events are linked to increased cancer risk. Folate deficiency is also associated with potentially vasculo-toxic homocysteine, which accumulates when there is a limited pool of folic acid derived methyl groups. Elevated homocysteine is associated with a range of disorders, most notably increased CVD risk and NTDs. Folate-related one-carbon metabolism contains various polymorphic proteins that modify metabolism and therefore influence disease risk. This dissertation examines four different, common, chronic degenerative disorders that predominately affect ageing populations, with the aim of exploring the relationship between eleven common folate polymorphisms, important indices of folate status, and transsulphuration pathway thiols. This approach employed regression models based on the *a priori* understanding of possible biochemical, genetic and physiologic relationships. The following reflects what are considered to be the major findings of this study.

An examination of hypertension in an elderly retirement village population (n=229) demonstrated that red cell folate, cysteine and cysteinyl-glycine were predictive of recumbent diastolic blood pressure ($p=0.0326$, $r^2=0.0202$, $slope\ estimate=-0.040$; $p=0.0001$, $r^2=0.1246$, $slope\ estimate=-0.232$; $p=0.0008$, $r^2=0.1246$, $slope\ estimate=0.141$ respectively). As a component within a model containing key genetic factors, the 677C>T MTHFR SNP was associated with recumbent diastolic blood pressure ($p=0.0397$, $r^2=0.0650$, $slope\ estimate=-0.011$). Several folate-related SNPs

were associated with standing systolic blood pressure ($r^2=0.0868$ for whole model); these were the 677C>T MTHFR ($p=0.0443$, *slope estimate*=-0.009), the 19 bp deletion DHFR ($p=0.0157$, *slope estimate*=0.009) and the 1561C>T GCPII ($p=0.0397$, *slope estimate*=-0.021) variants. An examination of the depression phenotype was undertaken in this same population. It was shown that a novel relationship exists with the amino-thiol, cysteinyl-glycine, which was negatively associated with depression ($p=0.0046$, $r^2=0.0348$, *slope estimate*=-6.127).

The third clinical phenotype examined involved a cohort of AD patients ($n=93$), which was compared to the former retirement village population as a control after selecting subjects whose MMSE score reflected a specified threshold for cognitive function ($n=229$). The 2756A>G MTR SNP was associated with AD ($p=0.0419$, $r^2=0.0512$), with the G allele considered to be protective (OR=0.60:95%CI;0.39-0.92, $p=0.0260$). An ordinal logistic regression model containing all thiols ($r^2=0.1885$) indicated that higher homocysteine ($p<0.0001$), higher glutathione ($p=0.0003$) but lower cysteinyl-glycine ($p<0.0001$) was significantly associated with AD. Ordinal logistic regression also supported the association of AD with lower serum folate ($p=0.0097$, $r^2=0.0181$), lower total dietary folate intake ($p=0.0054$, $r^2=0.0231$), and lower natural methylfolate intake ($p<0.0001$, $r^2=0.0581$).

The final phenotype examined involved a cohort of subjects screened for colorectal polyps ($n=203$). The study had a specific focus on adenomatous polyp occurrence and its possible relationship to folate intake. The 3'UTR 6 deletion TS SNP indicated an association with increased risk for an adenomatous polyp occurrence ($p=0.0073$, $r^2=0.2744$). The 66A>G MTRR SNP was also found to be a positive risk factor for an adenomatous polyp (OR=2.50:95%CI;1.23-5.10, $p=0.0163$, ordinal logistic regression, $p=0.0149$, $r^2=0.2744$). This latter SNP was also associated with adenomatous polyp occurrence in subjects with low folate status (below median red cell folate, OR=3.40:95%CI; 1.32-8.75, $p=0.0164$, ordinal logistic regression, $p=0.0261$, $r^2=0.5799$). In subjects with a high folate status, the 1420C>T SHMT SNP was a positive risk factor (OR=4.56:95%CI; 1.38-15.03, $p=0.0225$). Individuals with a low folate status were also found to have red cell folate levels that predicted adenomatous polyp occurrence (ordinal logistic regression $p=0.0331$, $r^2=0.0548$). Whilst this study has identified various potential associations, the nature of the data and associations found, advocates further examination in larger populations.

List of Figures

CHAPTER 1

Figure 1-1: The corollary between certain key dietary nutrients and brain neurotransmitter metabolism (courtesy of A/Prof Mark Lucock published in Molecular Nutrition and Genomics – Nutrition and the Ascent of Humankind [25]).....	27
Figure 1-2: The historical timeline showing how our understanding of folic acid developed	30
Figure 1-3: The structure of tetrahydrofolate and its role as a carrier of one-carbon units	34
Figure 1-4: Simple schematic representation of intestinal absorption of folate (adapted from McNulty, H. and K. Pentieva, Folate Bioavailability, Folate in health and disease, L.B. Bailey, p. 28 [302]).....	39
Figure 1-5: Folate-mediated one-carbon metabolism (courtesy of A/Prof Mark Lucock article Folic acid: an essential nutrient with added health benefits [321])	42
Figure 1-6: Schematic representation of genetic variation within folate metabolism (courtesy of A/Prof Mark Lucock published in Molecular Nutrition and Genomics – Nutrition and the Ascent of Humankind [25])	53

CHAPTER 2

Figure 2-1: Typical chromatogram of the plasma thiols with internal standard.....	113
---	-----

CHAPTER 3

Figure 3-1: Retirement village study clinic protocols and data collection	132
Figure 3-2: Mean and standard deviation values for B-vitamin/thiol measurements comparing hypertensive and normotensive phenotypes.....	144
Figure 3-3: Mean and standard deviation values for B-vitamin/thiol measurements comparing the depression phenotype with controls.	162

CHAPTER 4

Figure 4-1: Mean and standard deviation values for B-vitamin/thiol measurements comparing Alzheimer's disease cases and controls.	186
--	-----

CHAPTER 5

Figure 5-1: Mean and standard deviation values for B-vitamin/thiol measurements comparing controls with subjects who have a polyp (adenomatous and adenomatous plus non-adenomatous)	215
Figure 5-2: Low folate status (below median red cell folate); mean and standard deviation values for B-vitamin/thiol measurements comparing controls with subjects who have a polyp (adenomatous and adenomatous plus non-adenomatous)	218
Figure 5-3: High folate status (above median red cell folate); mean and standard deviation values for B-vitamin/thiol measurements comparing controls with subjects who have a polyp (adenomatous and adenomatous plus non-adenomatous)	221
Figure 5-4: Mean folic acid intake (5-methyl-H ₄ folic acid and pteroylmonoglutamic acid) for control and adenomatous polyp patients by median red cell folate value.	242
Figure 5-5: Mean red cell folate determined for control individuals and adenomatous polyp patients delineated by whether they are below or above the overall population median red cell folate value.	244

CHAPTER 6

Figure 6-1: Folate biochemistry with key gene-nutrient interactions that can modify clinical phenotype (Figure courtesy of A/Prof M Lucock article Folic acid: Beyond Metabolism [377])	249
Figure 6-2: Folate and thiol metabolism in neurochemistry (Figure courtesy of A/Prof M Lucock [375]).....	265

List of Tables

CHAPTER 1

Table 1-1: Current food staples - environment & consumption in pre and post agriculture eras (information sourced from Cordain <i>et al.</i> [2] Origins and evolution of the Western diet: health implications for the 21 st century).....	11
Table 1-2: The ten leading underlying specific causes of death, all ages, 2009.....	20
Table 1-3: B-group vitamins – functions and deficiency symptoms.....	28
Table 1-4: Folate content of various food products	35
Table 1-5: Summary of key polymorphic variants examined	104

CHAPTER 2

Table 2-1: Reference ranges - ICPMR lab guide	108
Table 2-2: Thiol concentrations of the working standard solutions.....	111
Table 2-3: Mean thiol value for quality control.....	114
Table 2-4: Key discovery papers.....	118
Table 2-5: Primer sequences	119
Table 2-6: Polymerase chain reaction conditions	120
Table 2-7: Digestion enzymes and conditions.....	123
Table 2-8: Food groups in food frequency questionnaire	127

CHAPTER 3

Table 3-1: Descriptive data based on age (years).....	136
Table 3-2: Data for all subjects; blood metabolites and related indices.....	136
Table 3-3: Data for male subjects; blood metabolites and related indices	137
Table 3-4: Data for female subjects; blood metabolites and related indices	137
Table 3-5: Complete genetic data; genotype prevalence and allele number.....	138
Table 3-6: All data; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4)	139
Table 3-7: All data; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4)	140
Table 3-8: All data; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4)	141
Table 3-9: All data; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4)	142
Table 3-10: Hypertensive phenotype; recumbent blood pressure measurements	143
Table 3-11: Hypertensive phenotype; genotype prevalence and allele number	145
Table 3-12: Hypertensive phenotype; odds ratio and 95% CI along with chi-square test <i>p</i> value	146
Table 3-13: Normotensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4).....	147
Table 3-14: Normotensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4).....	148
Table 3-15: Normotensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4).....	149
Table 3-16: Normotensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4).....	150
Table 3-17: Hypertensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4).....	151
Table 3-18: Hypertensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4).....	152
Table 3-19: Hypertensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4).....	153
Table 3-20: Hypertensive subjects; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4).....	154
Table 3-21: Stepwise regression; model for all genetic, metabolic, and physiologic variables.....	156
Table 3-22: Stepwise regression; model for genetic data only (eleven variants).....	157
Table 3-23: Stepwise regression; model for basic population information – age, body mass index and gender	158
Table 3-24: Stepwise regression; model for all B-vitamin related blood metabolites and thiols combined	158

Table 3-25: Stepwise regression; model for thiol transsulphuration pathway metabolites	159
Table 3-26: Stepwise regression; model for B-vitamin related blood metabolites	159
Table 3-27: Stepwise regression; model for dietary folic acid	160
Table 3-28: Depression phenotype; HADS scores	161
Table 3-29: Depression phenotype; genotype prevalence, allele number and carriage of mutant allele.....	163
Table 3-30: Depression phenotype; odds ratio and 95% CI along with chi-square test <i>p</i> value	164
Table 3-31: Control; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4)	165
Table 3-32: Control; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4)	166
Table 3-33: Control; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4)	167
Table 3-34: Control; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4)	168
Table 3-35: Depression; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4) ..	169
Table 3-36: Depression; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4) ..	170
Table 3-37: Depression; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4) ..	171
Table 3-38: Depression; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4) ..	172
Table 3-39: Stepwise regression; model for all genetic, metabolic and physiologic variables..	174
Table 3-40: Stepwise regression; model for basic population information – age, body mass index, and gender	174
Table 3-41: Stepwise regression; model for all B-vitamin related blood metabolites and thiols combined	174
Table 3-42: Stepwise regression; model for thiol transsulphuration pathway metabolites	175
Table 3-43: Ordinal logistic regression; model for all genetic, metabolic and physiologic variables.....	176
Table 3-44: Ordinal logistic regression; model for all B-vitamin related blood metabolites and thiols combined	176
Table 3-45: Ordinal logistic regression; model for thiol transsulphuration pathway metabolites	177
Table 3-46: Ordinal logistic regression; model for B-vitamin related blood metabolites	177

CHAPTER 4

Table 4-1: Descriptive data based on age (years).....	184
Table 4-2: Data for all Alzheimer's disease cases; blood metabolites and related indices.....	185
Table 4-3: Data for male Alzheimer's disease cases; blood metabolites and related indices ..	185
Table 4-4: Data for female Alzheimer's disease cases; blood metabolites and related indices	185
Table 4-5: Complete genetic data for the Alzheimer's disease cohort; genotype prevalence and allele number	187
Table 4-6: All data; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4)	188
Table 4-7: All data; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4)	189
Table 4-8: All data; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4)	190
Table 4-9: All data; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4)	191
Table 4-10: Alzheimer's disease phenotype; genotype prevalence, allele number and carriage of mutant allele.....	192
Table 4-11: Alzheimer's disease phenotype; odds ratio and 95% CI along with chi-square test <i>p</i> value.....	193
Table 4-12: Alzheimer's disease cases; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4).....	194
Table 4-13: Alzheimer's disease cases; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4).....	195
Table 4-14: Alzheimer's disease cases; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4).....	196
Table 4-15: Alzheimer's disease cases; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4).....	197
Table 4-16: Ordinal logistic regression; model for all genetic, metabolic and physiologic variables.....	198
Table 4-17: Ordinal logistic regression; model for gene variants only	199
Table 4-18: Ordinal logistic regression; model for all B-vitamin related blood metabolites and thiols combined	199
Table 4-19: Ordinal logistic regression; model for thiol transsulphuration pathway metabolites	200
Table 4-20: Ordinal logistic regression; model for B-vitamin related blood metabolites	200
Table 4-21: Ordinal logistic regression; model for total dietary folic acid.....	201

Table 4-22: Ordinal Logistic regression; model for total natural and synthetic folic acid intakes.....	201
--	-----

CHAPTER 5

Table 5-1: Descriptive data based on age (years).....	207
Table 5-2: Data for all subjects (adenomatous and non-adenomatous polyps and controls); blood metabolites and related indices.....	208
Table 5-3: Data for male subjects (adenomatous and non-adenomatous polyps and controls); blood metabolites and related indices.....	208
Table 5-4: Data for female subjects (adenomatous and non-adenomatous polyps and controls); blood metabolites and related indices	208
Table 5-5: Complete genetic data for the adenomatous and non-adenomatous polyp and control cohorts; genotype prevalence and allele number	209
Table 5-6: All data (adenomatous and non-adenomatous polyps and controls); B-vitamin/thiol related nutritional genetic data by genotype (1 of 4)	210
Table 5-7: All data (adenomatous and non-adenomatous polyps and controls); B-vitamin/thiol related nutritional genetic data by genotype (2 of 4)	211
Table 5-8: All data (adenomatous and non-adenomatous polyps and controls); B-vitamin/thiol related nutritional genetic data by genotype (3 of 4)	212
Table 5-9: All data (adenomatous and non-adenomatous polyps and controls); B-vitamin/thiol related nutritional genetic data by genotype (4 of 4)	213
Table 5-10: Clinical phenotype; genotype prevalence, allele number and carriage of mutant allele	216
Table 5-11: Clinical phenotype; odds ratio and 95% CI along with chi-square test <i>p</i> value.....	217
Table 5-12: Clinical phenotype; genotype prevalence, allele number and carriage of mutant allele for individuals with a low folate status (below median red cell folate)	219
Table 5-13: Clinical phenotype; odds ratio and 95% CI along with chi-square test <i>p</i> value for individuals with a low folate status (below median red cell folate).....	220
Table 5-14: Clinical phenotype; genotype prevalence, allele number and carriage of mutant allele for individuals with a high folate status (above median red cell folate)	222
Table 5-15: Clinical phenotype; odds ratio and 95% CI along with chi-square test <i>p</i> value for individuals with a high folate status (above median red cell folate).....	223
Table 5-16: Controls; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4).....	225
Table 5-17: Controls; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4).....	226
Table 5-18: Controls; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4).....	227
Table 5-19: Controls; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4).....	228
Table 5-20: Adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4).....	229
Table 5-21: Adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4).....	230
Table 5-22: Adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4).....	231
Table 5-23: Adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4).....	232
Table 5-24: Adenomatous plus non-adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (1 of 4).....	233
Table 5-25: Adenomatous plus non-adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (2 of 4).....	234
Table 5-26: Adenomatous plus non-adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (3 of 4).....	235
Table 5-27: Adenomatous plus non-adenomatous polyp; B-vitamin/thiol related nutritional genetic data by genotype (4 of 4).....	236
Table 5-28: Ordinal logistic regression; model for adenomatous polyp - all genetic, metabolic and physiologic variables.....	237
Table 5-29: Ordinal logistic regression; model for adenomatous polyp - gene variants only....	238
Table 5-30: Ordinal logistic regression; model for adenomatous polyp plus non-adenomatous polyp - all genetic, metabolic and physiologic variables	238
Table 5-31: Ordinal logistic regression; model for adenomatous polyp plus non-adenomatous polyp - gene variants only	239

Table 5-32: Ordinal logistic regression; model for adenomatous polyp plus non-adenomatous polyp – basic population information.....	239
Table 5-33: Ordinal logistic regression; model for below median red cell folate status – adenomatous polyp - gene variants only	240
Table 5-34: Ordinal logistic regression; model for below median red cell folate status – adenomatous polyp – basic population information	240
Table 5-35: Ordinal logistic regression; model for below median red cell folate status – adenomatous polyp – thiols and blood metabolites only.....	240
Table 5-36: Ordinal logistic regression; model for below median red cell folate status – adenomatous polyp – blood metabolites only	241
Table 5-37: Analysis using a standard least squares model to examine the relationship between dietary vitamers of folic acid and red cell folate in all subjects.....	242
Table 5-38: Analysis using a standard least squares model to examine the relationship between dietary vitamers of folic acid and red cell folate for individuals below the population median value for red cell folate status	243
Table 5-39: Analysis using a standard least squares model to examine the relationship between dietary vitamers of folic acid and red cell folate for individuals at or above the population median value for red cell folate status.	243
Table 5-40: Ordinal logistic regression; risk for adenomatous polyps below median red cell folate value – examination of all blood folate parameters	245
Table 5-41: Ordinal logistic regression; risk for adenomatous polyps below median red cell folate value – examination of blood folate parameters and gender.....	245

Acknowledgments

Firstly, I would like to express sincere gratitude and appreciation to **A/Prof Mark Lucock** who has been my principal supervisor. Thank you for allowing me to undertake this research and, more importantly, believing in my ability to achieve this doctorate. Mark's expertise, patience, and understanding have been of great benefit to my university experience. You have exemplified what it is to be a true academic. Thank you for always being available when I have needed you, especially for rescheduling your days and working late nights.

I would also like to acknowledge my other supervisors, **A/Prof Martin Veysey**, who provided scholarship and research funds, assisted with the numerous clinical aspects of this work, and lead the facilitation between the research group and other healthcare professionals. A very special thanks also goes to **Dr Paul Roach**, whose academic oversight throughout this whole endeavour and work to recruit and collect data was greatly valued.

I would like to express my gratitude to **Dr Zoe Yates** for her role in helping me achieve this doctorate. The door of her office was always open to me as I worked through the challenges of this research. In the laboratory she was a pleasure to work with and she also ensured the safety and maintenance of the working environment.

Finally, I would like to thank my husband David for lovingly supporting me through this doctorate. He encouraged me to keep going when I otherwise would have given up. And, he knew how to distract me when I needed a break.

Acknowledgment of collaboration

I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers, or carried out in other institutions. I have included as part of the thesis this statement clearly outlining the extent of collaboration, with whom and under what auspices.

PhD Candidate

CHAPTER 3: B-VITAMIN NUTRITIONAL GENETICS IN THE ELDERLY - A DETAILED STUDY OF HYPERTENSIVE AND DEPRESSIVE PHENOTYPES

I would like to thank and acknowledge various associate investigators and students whose work has been incorporated into this chapter. This study was completed in two stages, for stage 1 I would like to thank Dr Barbara Blades for the recruitment, clinical assessment including blood pressure measurements, HADS, and MMSE data. I would like to thank Dr Virginia Skinner for the continued recruitment in stage 2, and for interviewing, clinical assessments, venepuncture and database management. I would like to thank honours student Lisa Dufficy for work in stage 1, in which she interviewed participants and completed the FFQ's, and dietary folate analysis. Additionally I would like to acknowledge her for genotyping of the first stage cohort for the 80 G>A RFC polymorphism. I would like to recognise honours student Charlotte Naylor for genotyping the 1420C>T SHMT and the 1947G>A COMT polymorphisms for this in the entire cohort of samples covering both stage 1 and 2. I also acknowledge the collaboration with PhD students, Dr Nenad Naumovski (for method development and analysis of the amino-thiols for samples collected in stage 1), and Dr Xiaowei Ng (in sample collection across both stages, and for completion of the genotyping of 677C>T MTHFR, 1298A>C MTHFR, 19bp del DHFR and 1561C>T GCP11 polymorphisms in stage 1).

CHAPTER 4: B-VITAMIN NUTRITIONAL GENETICS IN THE ELDERLY - RISK FOR ALZHEIMER'S DISEASE

I would like to thank the chief investigator of the study, Dr Jonathan Sturm for the recruitment of participants. I also acknowledge the work of Dr Bill O'Brian for clinical evaluation, interviews, and sample collection. I would again also like to thank honours student Charlotte Naylor for genotyping the 1420C>T SHMT and the 1947G>A COMT polymorphisms for this AD cohort.

CHAPTER 5: B-VITAMIN NUTRITIONAL GENETICS AND OCCURRENCE OF ADENOMATOUS POLYP – A MAJOR ANTECEDENT OF COLORECTAL CANCER

I would like to thank BMedSci student Ron Wai for the initial recruitment, interviewing, and venepuncture of the first 50 subjects recruited into this study. I also acknowledge his completion of the 80G>A RFC polymorphism on those initial subjects as a part of his BMedSci project. This data has been incorporated into the study database and has been used for analysis in this chapter. I would again like to thank Dr Virginia Skinner for her involvement in the recruitment, interviewing, and venepuncture of subjects in this cohort.

Overall, I would like to acknowledge ICMPR at Westmead Hospital, NSW for the analysis of samples for serum vitamin B₁₂, serum folate, red cell folate across all three study chapters. I would like to finally thank Dr Maureen Townley-Jones, School of Mathematical & Physical Sciences, University of Newcastle, for her assistance in applying and interpreting the correct statistical analysis for all three sets of data. Each of these chapters has contained data from larger ongoing studies. Over the years, there have been many contributors to the research and I apologise for any omission of those who I have not named.

Acknowledgment of Authorship

I hereby certify that the work embodied in this thesis contains published paper/s/scholarly work of which I am a joint author. I have included this written statement as part of the thesis, which attests to my contribution to the joint publication/s/scholarly work and is endorsed by my supervisor

PhD Candidate

Principal Supervisor

Journal Papers

LUCOCK, M., YATES, Z., MARTIN, C., CHOI, J. H., **BOYD, L.**, TANG, S., NAUMOVSKI, N., ROACH, P. & VEYSEY, M. 2013. Hydrogen sulphide-related thiol metabolism and nutrigenetics in relation to hypertension in an elderly population. *Genes & Nutrition*, Vol 8, 2:221-229.

LUCOCK, M., YATES, Z., **BOYD, L.**, NAYLOR, C., CHOI, J. H., NG, X., SKINNER, V., WAI, R., KHO, J., TANG, S., ROACH, P. & VEYSEY, M. 2013. Vitamin C-related nutrient-nutrient and nutrient-gene interactions that modify folate status. *European journal of nutrition*, Vol 52, 2:569-582.

LUCOCK, M., NG, X., **BOYD, L.**, SKINNER, V., WAI, R., TANG, S., NAYLOR, C., YATES, Z., CHOI, J. H., ROACH, P. & VEYSEY, M. 2011. TAS2R38 bitter taste genetics, dietary vitamin C, and both natural and synthetic dietary folic acid predict folate status, a key micronutrient in the pathoaetiology of adenomatous polyps. *Food & function*, Vol 2, 8:457-65.

NAUMOVSKI, N., VEYSEY, M., NG, X., **BOYD, L.**, DUFFICY, L., BLADES, B., TRAVERS, C., LEWIS, P., STURM, J., TOWNLEY-JONES, M., YATES, Z., ROACH, P. & LUCOCK, M. 2010. The folic acid endophenotype and depression in an elderly population. *The journal of nutrition, health & aging*, Vol14, 10: 829-33.

NG, X., **BOYD, L.**, DUFFICY, L., NAUMOVSKI, N., BLADES, B., TRAVERS, C., LEWIS, P., STURM, J., YATES, Z., TOWNLEY-JONES, M., ROACH, P., VEYSEY, M. & LUCOCK, M. 2009. Folate nutritional genetics and risk for hypertension in an elderly population sample. *Journal of nutrigenetics and nutrigenomics*, Vol 2, 1:1-8.