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Nutritional Intake of Omega-3 Polyunsaturated Fatty Acid, Selenium, Vitamin C and Vitamin E and Disease Activity in Patients with SLE

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Introduction

In addition to conventional pharmacologic therapies for Systemic Lupus Erythematosus (SLE), many patients implement a complementary and alternative medicine (CAM) approach to their treatment regimen. There is growing evidence that several macro- and micronutrients, in the patient's diet, as part of CAM therapy, may impact SLE activity ¹; however there is a paucity of data on the baseline dietary intake by patients with SLE.

Materials and Methods

Patients completed dietary journals noting their food and beverage intake for a minimum of five days over a two week time frame. The data was analyzed using Nutrilog Analysis Software® generating a breakdown of macro- and micronutrients. SLE disease activity via Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) scoring were obtained, separating them into 2 groups, those with SLEDAI equal or greater than 4 and those with less than 4 (scores higher than 4 reflect active disease).

Results

From our patient sample, 73% consume less omega 3 polyunsaturated fatty acids, 66% less vitamin C and 87% less vitamin E than 80% of patients meet the recommended daily selenium intake (Table 1) according to dietary references by the Food and Nutrition Board of the Institute of Medicine.

Patients with SLEDAI scores lower than 4 have in average more vitamin C intake (241.89mg vs 55.40 mg). Also, a higher percentage of patients with SLEDAI scores lower than 4 meet daily recommendations for vitamin C (50% vs 22%). (Table 2)

Conclusions

In this small descriptive analysis, our results demonstrate a higher percentage of adequate vitamin C intake with lower SLEDAI scores. Further studies are recommended to identify nutritional deficiencies in patients with SLE and evaluate any possibly association with clinical disease activity.

Patient	SLEDAI	Omega 3*	Selenium (µg)	Vitamin C (mg)	Vitamin E**
1	12	0.79%	133.8	20.9	4.5
2	12	0.43%	27.9	7.3	1.2
3	12	0.33%	67.8	25.5	3.4
4	12	0.31%	56.8	13.1	3.0
5	10	1.21%	70.6	55.3	5.5
6	10	0.30%	14.6	178.9	3.2
7	8	0.36%	142.9	60.1	19.0
8	8	0.76%	78.6	34.0	3.2
9	7	0.28%	67.3	103.4	2.8
10	3	0.43%	83.3	51.7	6.9
11	2	1.09%	148.8	66.5	4.9
12	0	0.35%	94.1	889.2	3.9
13	0	0.25%	79.6	146.7	15.6
14	0	0.53%	43.5	55.4	1.5
15	0	0.38%	121.3	126.8	4.3
Mean	6.4	0.52%	82.1	122.3	5.5
commended atary intake***		0.6-1.2%	55	75	15
feet recommended	eet recommended daily intake		12/15 (80%)	5/15 (33%)	2/15 (13%)
elow recommended	low recommended daily intake		3/15 (20%)	10/15 (66%)	13/15 (87%)

*Omega 3 polyinsaturated fatty acid as percentage (0-100%) of daily caloric intake **Vitamin E as alpha tocopherol in mg

*** Dietary Reference Intakes (DRIs): Recommended Dietary Allowances and Adequate Intakes and Acceptable Macronutrient Distribution Ranges, as per the Food and Nutrition Board, Institute of Medicine, National Academies

Table 1: Macro and micronutrient intake, recommended daily intake and percentage of patients that meet or are bellow recommendations.

	Omega 3*	Selenium (µg)	Vitamin C (mg)	Vitamin E**
>=6	0.00530	73.38	55.40	5.09
<6	0.00530	89.87	241.89	6.54
LEDAI SCORE				
SLEDAI SCORE	Omega 3*	Selenium (µg)	Vitamin C (mg)	Vitamin E**
>=6	33%	78%	22%	11%

Table 2: Mean anti-inflammatory daily intake and percentage of patients that meet recommended intake divided by SLEDAI score

Reference

 Aparicio-Soto M, Sánchez-Hidalgo M, Alarcón-de-la-Lastra C. An update on diet and nutritional factors in systemic lupus erythematosus management. *Nutrition Research Reviews*. 2017;30(1):118-137. doi:10.1017/S0954422417000026