

Resveratrol

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Resveratrol is a naturally occurring compound found in foods such as grapes, berries, chocolate, and peanuts. It is also available as a concentrated supplement. Resveratrol may be able to activate sirtuins, a family of proteins involved in aging biology (1), as well as other cellular pathways (2). In clinical trials, however, resveratrol has led to disappointingly few benefits for healthy people, although some small clinical trials suggest that it may help patients with diabetes or obesity. Resveratrol supplements are regarded as safe although long-term use has not been sufficiently studied.

Among researchers, resveratrol is a controversial molecule. It is rapidly metabolized and excreted from the body (3), suggesting that other therapies might have a stronger chance at success. Extensive resources have gone into laboratory research, but these studies have been broadly criticized (4). Critics argue that the animal studies have used artificially high doses, the in vitro studies are unreliable because resveratrol is a pan-assay interference compound that interferes with the accuracy of many in vitro assays (5), and the entire premise of resveratrol has been driven by inaccurate perceptions of the French paradox regarding coronary heart disease (4). Other researchers continue to defend the work (6).

EVIDENCE AND POTENTIAL BENEFIT FOR BRAIN HEALTH Rated 1/4 based on 2/4 evidence

<u>Randomized controlled trials</u>: Based on small clinical trials, it is unlikely that resveratrol can promote cognitive function for most healthy adults (7; 8). It might increase blood flow to the brain, although the relevance of this to long-term brain health is not yet clear [7]. High-dose resveratrol appeared to have some effects on the brains of Alzheimer's patients in one trial, but whether those effects were positive or negative is unclear (see For Dementia Patients section).

Resveratrol was originally thought to improve metabolic and cardiovascular health and protect from aging, all of which might lead to better long-term brain health. However, meta-analyses of small trials suggest that resveratrol has no meaningful benefit on cardiovascular risk factors (9; 10). The evidence for cancer is highly inconsistent (11) and one trial reported that resveratrol reduced the benefits of exercise in a group of healthy older men (12). Dietary intake of resveratrol has been less studied than high-dose supplements but had no substantial relationship with long-term health or mortality over nine years in elderly Italians (13).

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If resveratrol has health benefits, they are most likely to occur in adults with diabetes or obesity. Some minor benefits in patients with diabetes were concluded by meta-analyses (14; 15) and a pilot clinical trial with overweight, but otherwise healthy, older adults suggested that a six-month daily regimen of 200 mg of resveratrol supplements may improve short-term memory and the functioning of the hippocampus (the part of the brain most responsible for memory) [8]. However, these results are either inconclusive or not yet confirmed as clinically meaningful.

<u>Biology:</u> Preclinical resveratrol studies have come under heavy criticism on the grounds that they have used artificially high doses. There are additional concerns that the *in vitro* studies are unreliable because resveratrol is a pan-assay interference compound that affects the accuracy of many assays (5). And, the premise of resveratrol's benefit may have been driven by inaccurate perceptions of the French paradox (4).

Resveratrol has been reported in preclinical studies to have antioxidant, anti-inflammatory, anti-viral, and anti-cancer properties. Much of resveratrol's purported benefit has been related to its ability to activate a family of proteins called sirtuins (1). In rodents, high levels of certain sirtuins have been connected to a lower occurrence of cancer, improved general health, enhanced metabolism, and longer lifespan, possibly by mimicking the effects of caloric restriction (16). Patients with Alzheimer's disease were found to have lower cortical levels of sirtuin (Sirt1), which indirectly correlated with greater levels of A β plaques and tau protein tangles (17; 18). Patients with mild cognitive impairment did not show reduced cortical Sirt1 levels (17), weakly suggesting that preventing Sirt1 decreases at this early stage may help delay or prevent the progression to dementia. However, there is no evidence that resveratrol treatment in humans can increase Sirt1 in the brain. Using a mouse model of Alzheimer's disease, one study found that feeding resveratrol to mice reduced brain levels of A β plaques (19). Preclinical studies also suggest that resveratrol supplementation performed better on spatial learning (20) and working memory tests (21).

Resveratrol has been touted as a treatment to slow aging biology, which could delay agerelated diseases including dementia to extend healthy lifespan. Although resveratrol significantly extended lifespan in yeast, worms, and fruit flies (22; 23), most studies report no effect on lifespan in mammals (24; 25; 26) with the possible exception of mice with obesity caused by diet or genetic engineering (24).

For Dementia Patients

<u>Randomized controlled trials</u>: A Phase 2 clinical trial reported mixed and modest results of a high-dosage of resveratrol for patients with mild to moderate Alzheimer's disease (27). The treatment was well-tolerated, with a daily dose starting at 500 mg that was gradually escalated to 2 g. The study was not optimized to detect a benefit to patient function or

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cognition (such trials usually require very large numbers of patients). Also, the patients treated with placebo had, on average, been diagnosed with dementia for longer, which might interfere with accuracy. Nevertheless, researchers observed a slight benefit related to activities of daily living but no effect on other measures of cognition and function (27).

The trial evaluated numerous biological markers related to Alzheimer's disease with mixed results. On the positive side, patients treated with resveratrol showed a slower progression in one marker of Alzheimer's pathology: declining A β 40 levels in the CSF and similar but non-significant trends seen in CSF and plasma A β 42. But structural imaging suggested that resveratrol treatment accelerated brain volume loss. While that could theoretically indicate reduced brain swelling, brain volume loss is usually interpreted as an indication of neurodegeneration. There was a trend, albeit insignificant (p=0.08), for increased phosphorylated tau 181 in the CSF, which could indicate damage (27). More research is needed to interpret these results. Another trial, expected to finish in December 2016, is underway in patients with mild cognitive impairment (28).

SAFETY

<u>Rated 3/4</u>

A number of small clinical trials reported no adverse side effects for daily doses of resveratrol between 20 mg and 2 g (29). In a clinical trial of Alzheimer's patients, one year of use starting at 500 mg and going up to 2 g per day was reported to be safe and well-tolerated (27). However, there is no reliable information on the safety of longer-term high-dosage use (29). Diarrhea or gastrointestinal discomfort can be common at doses above 1 g per day (29; 30). One trial reported moderately serious side effects from 1 g per day in postmenopausal women, including liver enzyme changes and severe skin rash (31). Yet another trial reported serious risk of kidney failure with resveratrol plus standard medical treatment for multiple myeloma (cancer) patients (32), though again most small clinical trials have not reported serious adverse effects (9). Resveratrol might interact dangerously with common drugs, including but not limited to blood thinners, anti-inflammatory drugs, and anti-hypertensive drugs. It may, for example, impair the normal clearance of those drugs from the body (33).

HOW TO USE

Resveratrol is found in a variety of foods, including peanuts, blueberries, and cocoa. The highest concentration, though, is found in the skin of red grapes used to make red wine. However, these naturally occurring sources contain relatively small amounts of the compound. For example, you would have to drink about 20 bottles of red wine to consume the equivalent amount of resveratrol found in a 200 mg supplement. Resveratrol in supplements is derived from the skin of red grapes or, more commonly, from Japanese knotweed. Doses of 20 mg to 2 g per day have been used in clinical trials. Micronized

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resveratrol is available, but these formulations may not overcome resveratrol's known bioavailability problems (34).

WHAT'S THE FUTURE?

A Phase 4 clinical trial is comparing the effects of resveratrol to omega-3 fatty acids, calorie restriction, or placebo in patients with mild cognitive impairment (MCI) and results are expected in December 2016 (28). A Phase 2 clinical trial is underway in Florida to look for improvements in vigor and vitality in elderly patients taking 1,000 to 1,500 mg resveratrol per day for 90 days. Results are expected in 2018 (35). Various formulations are being pursued to improve the bioavailability of resveratrol (e.g., 36 and many others). Other molecules with related properties are also being pursued for sirtuin activation including natural products and small molecules (37; 38).

REFERENCES

1. Hubbard BP, Sinclair DA (2014) Small molecule SIRT1 activators for the treatment of aging and age-related diseases. *Trends Pharmacol Sci* 35, 146-154. <u>http://www.ncbi.nlm.nih.gov/pubmed/24439680</u>

2. Hsieh TC, Wu ST, Bennett DJ *et al.* (2016) Functional/activity network (FAN) analysis of gene-phenotype connectivity liaised by grape polyphenol resveratrol. *Oncotarget*.

http://www.ncbi.nlm.nih.gov/pubmed/27232943

3. Neves AR, Lucio M, Lima JL *et al.* (2012) Resveratrol in medicinal chemistry: a critical review of its pharmacokinetics, drug-delivery, and membrane interactions. *Current medicinal chemistry* 19, 1663-1681. http://www.ncbi.nlm.nih.gov/pubmed/22257059

4. Visioli F (2014) The resveratrol fiasco. *Pharmacological research : the official journal of the Italian Pharmacological Society* 90, 87. <u>http://www.ncbi.nlm.nih.gov/pubmed/25180457</u>

5. Baell J, Walters MA (2014) Chemistry: Chemical con artists foil drug discovery. *Nature* 513, 481-483. http://www.ncbi.nlm.nih.gov/pubmed/25254460

6. Cottart CH, Nivet-Antoine V, Beaudeux JL (2015) Is resveratrol an imposter? *Molecular nutrition & food research* 59, 7. <u>http://www.ncbi.nlm.nih.gov/pubmed/25558005</u>

7. Wightman EL, Reay JL, Haskell CF *et al.* (2014) Effects of resveratrol alone or in combination with piperine on cerebral blood flow parameters and cognitive performance in human subjects: a randomised, double-blind, placebo-controlled, cross-over investigation. *The British journal of nutrition* 112, 203-213. http://www.ncbi.nlm.nih.gov/pubmed/24804871

8. Kennedy DO, Wightman EL, Reay JL *et al.* (2010) Effects of resveratrol on cerebral blood flow variables and cognitive performance in humans: a double-blind, placebo-controlled, crossover investigation. *The American journal of clinical nutrition* 91, 1590-1597. <u>http://www.ncbi.nlm.nih.gov/pubmed/20357044</u>

9. Sahebkar A, Serban C, Ursoniu S *et al.* (2015) Lack of efficacy of resveratrol on C-reactive protein and selected cardiovascular risk factors--Results from a systematic review and meta-analysis of randomized controlled trials. *International journal of cardiology* 189, 47-55. <u>http://www.ncbi.nlm.nih.gov/pubmed/25885871</u> 10. Liu Y, Ma W, Zhang P *et al.* (2015) Effect of resveratrol on blood pressure: a meta-analysis of randomized controlled trials. *Clinical nutrition* 34, 27-34. <u>http://www.ncbi.nlm.nih.gov/pubmed/24731650</u>

11. Carter LG, D'Orazio JA, Pearson KJ (2014) Resveratrol and cancer: focus on in vivo evidence. *Endocr Relat Cancer* 21, R209-225. <u>http://www.ncbi.nlm.nih.gov/pubmed/24500760</u>

12. Gliemann L, Schmidt JF, Olesen J *et al.* (2013) Resveratrol blunts the positive effects of exercise training on cardiovascular health in aged men. *J Physiol* 591, 5047-5059. <u>http://www.ncbi.nlm.nih.gov/pubmed/23878368</u> 13. Semba RD, Ferrucci L, Bartali B *et al.* (2014) Resveratrol levels and all-cause mortality in older communitydwelling adults. *JAMA Intern Med* 174, 1077-1084. <u>http://www.ncbi.nlm.nih.gov/pubmed/24819981</u>

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14. Hausenblas HA, Schoulda JA, Smoliga JM (2015) Resveratrol treatment as an adjunct to pharmacological management in type 2 diabetes mellitus--systematic review and meta-analysis. *Molecular nutrition & food research* 59, 147-159. <u>http://www.ncbi.nlm.nih.gov/pubmed/25138371</u>

15. Liu K, Zhou R, Wang B *et al.* (2014) Effect of resveratrol on glucose control and insulin sensitivity: a metaanalysis of 11 randomized controlled trials. *The American journal of clinical nutrition* 99, 1510-1519. <u>http://www.ncbi.nlm.nih.gov/pubmed/24695890</u>

16. Baur JA, Ungvari Z, Minor RK *et al.* (2012) Are sirtuins viable targets for improving healthspan and lifespan? *NatRevDrug Discov* 11, 443-461.

17. Julien C, Tremblay C, Emond V *et al.* (2009) Sirtuin 1 reduction parallels the accumulation of tau in Alzheimer disease. *Journal of neuropathology and experimental neurology* 68, 48-58. http://www.ncbi.nlm.nih.gov/pubmed/19104446

18. Theendakara V, Patent A, Peters Libeu CA *et al.* (2013) Neuroprotective Sirtuin ratio reversed by ApoE4. *Proceedings of the National Academy of Sciences of the United States of America* 110, 18303-18308. http://www.ncbi.nlm.nih.gov/pubmed/24145446

19. Karuppagounder SS, Pinto JT, Xu H *et al.* (2009) Dietary supplementation with resveratrol reduces plaque pathology in a transgenic model of Alzheimer's disease. *Neurochem Int* 54, 111-118. http://www.ncbi.nlm.nih.gov/pubmed/19041676

20. Oomen CA, Farkas E, Roman V *et al.* (2009) Resveratrol preserves cerebrovascular density and cognitive function in aging mice. *Frontiers in aging neuroscience* 1, 4. <u>http://www.ncbi.nlm.nih.gov/pubmed/20552055</u> 21. Abraham J, Johnson RW (2009) Consuming a diet supplemented with resveratrol reduced infection-related neuroinflammation and deficits in working memory in aged mice. *Rejuvenation research* 12, 445-453. <u>http://www.ncbi.nlm.nih.gov/pubmed/20041738</u>

22. Wood JG, Rogina B, Lavu S *et al.* (2004) Sirtuin activators mimic caloric restriction and delay ageing in metazoans. *Nature* 430, 686-689. <u>http://www.ncbi.nlm.nih.gov/pubmed/15254550</u>

23. Howitz KT, Bitterman KJ, Cohen HY *et al.* (2003) Small molecule activators of sirtuins extend
Saccharomyces cerevisiae lifespan. *Nature* 425, 191-196. <u>http://www.ncbi.nlm.nih.gov/pubmed/12939617</u>
24. Baur JA, Pearson KJ, Price NL *et al.* (2006) Resveratrol improves health and survival of mice on a high-calorie diet. *Nature* 444, 337-342. http://www.ncbi.nlm.nih.gov/pubmed/17086191

25. Miller RA, Harrison DE, Astle CM *et al.* (2011) Rapamycin, but not resveratrol or simvastatin, extends life span of genetically heterogeneous mice. *The journals of gerontology Series A, Biological sciences and medical sciences* 66, 191-201. <u>http://www.ncbi.nlm.nih.gov/pubmed/20974732</u>

26. Strong R, Miller RA, Astle CM *et al.* (2013) Evaluation of resveratrol, green tea extract, curcumin, oxaloacetic acid, and medium-chain triglyceride oil on life span of genetically heterogeneous mice. *The journals of gerontology Series A, Biological sciences and medical sciences* 68, 6-16.

http://www.ncbi.nlm.nih.gov/pubmed/22451473

27. Turner RS, Thomas RG, Craft S *et al.* (2015) A randomized, double-blind, placebo-controlled trial of resveratrol for Alzheimer disease. *Neurology* 85, 1383-1391. <u>http://www.ncbi.nlm.nih.gov/pubmed/26362286</u> 28. Charite University B, Germany (2010) PROTOCOL: Effects of Dietary Interventions on the Brain in Mild Cognitive Impairment (MCI). In *clinicaltrialsgov*. <u>https://clinicaltrials.gov/ct2/show/NCT01219244</u> 29. Vang O, Ahmad N, Baile CA *et al.* (2011) What is new for an old molecule? Systematic review and recommendations on the use of resveratrol. *PloS one* 6, e19881.

http://www.ncbi.nlm.nih.gov/pubmed/21698226

30. (!!! INVALID CITATION !!! {}).

31. Chow HH, Garland LL, Heckman-Stoddard BM *et al.* (2014) A pilot clinical study of resveratrol in postmenopausal women with high body mass index: effects on systemic sex steroid hormones. *J Transl Med* 12, 223. <u>http://www.ncbi.nlm.nih.gov/pubmed/25115686</u>

32. Popat R, Plesner T, Davies F *et al.* (2013) A phase 2 study of SRT501 (resveratrol) with bortezomib for patients with relapsed and or refractory multiple myeloma. *Br J Haematol* 160, 714-717. http://www.ncbi.nlm.nih.gov/pubmed/23205612

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33. Detampel P, Beck M, Krahenbuhl S *et al.* (2012) Drug interaction potential of resveratrol. *Drug Metab Rev* 44, 253-265. <u>http://www.ncbi.nlm.nih.gov/pubmed/22788578</u>

34. Smoliga JM, Blanchard O (2014) Enhancing the delivery of resveratrol in humans: if low bioavailability is the problem, what is the solution? *Molecules* 19, 17154-17172. <u>http://www.ncbi.nlm.nih.gov/pubmed/25347459</u> 35. Florida Uo (2014) PROTOCOL: Resveratrol to Enhance Vitality and Vigor in Elders (REVIVE). In *clinicaltrials.gov*.https://clinicaltrials.gov/ct2/show/NCT02123121

36. Neves AR, Queiroz JF, Reis S (2016) Brain-targeted delivery of resveratrol using solid lipid nanoparticles functionalized with apolipoprotein E. *J Nanobiotechnology* 14, 27.

http://www.ncbi.nlm.nih.gov/pubmed/27061902

37. Sinclair DA, Guarente L (2014) Small-molecule allosteric activators of sirtuins. *Annu Rev Pharmacol Toxicol* 54, 363-380. <u>http://www.ncbi.nlm.nih.gov/pubmed/24160699</u>

38. Kasiotis KM, Pratsinis H, Kletsas D *et al.* (2013) Resveratrol and related stilbenes: their anti-aging and antiangiogenic properties. *Food Chem Toxicol* 61, 112-120. <u>http://www.ncbi.nlm.nih.gov/pubmed/23567244</u>