

# Alcohol, Cognitive Function and Homelessness: A Nutritional perspective



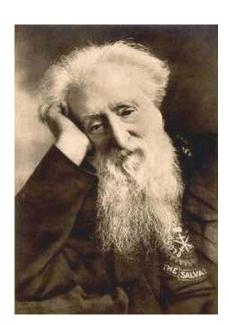
Professor Adrian Bonner



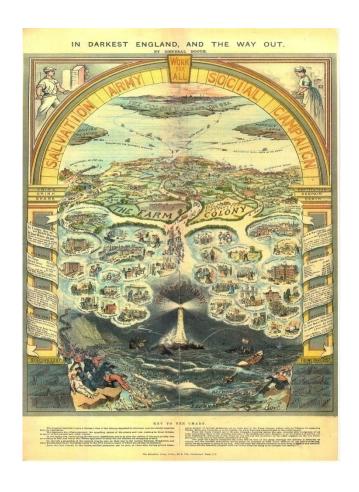


## In Darkest England and the Way Out, 1890 UNIVERSITY OF

## William Booth, **1829-1912**

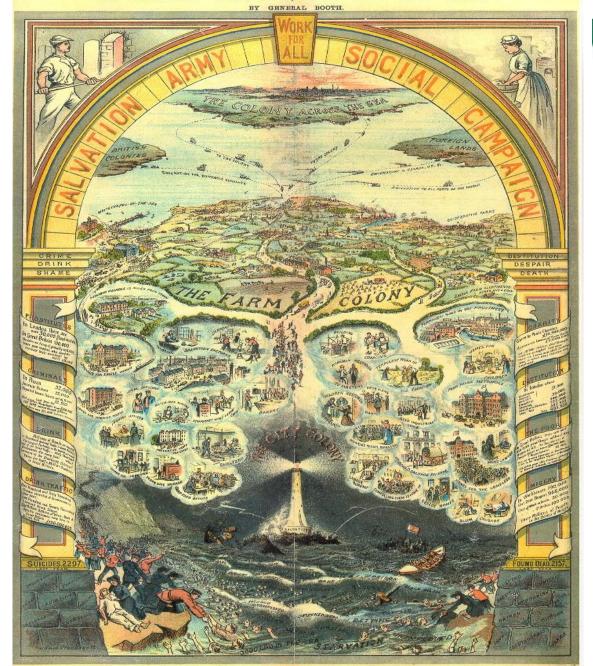




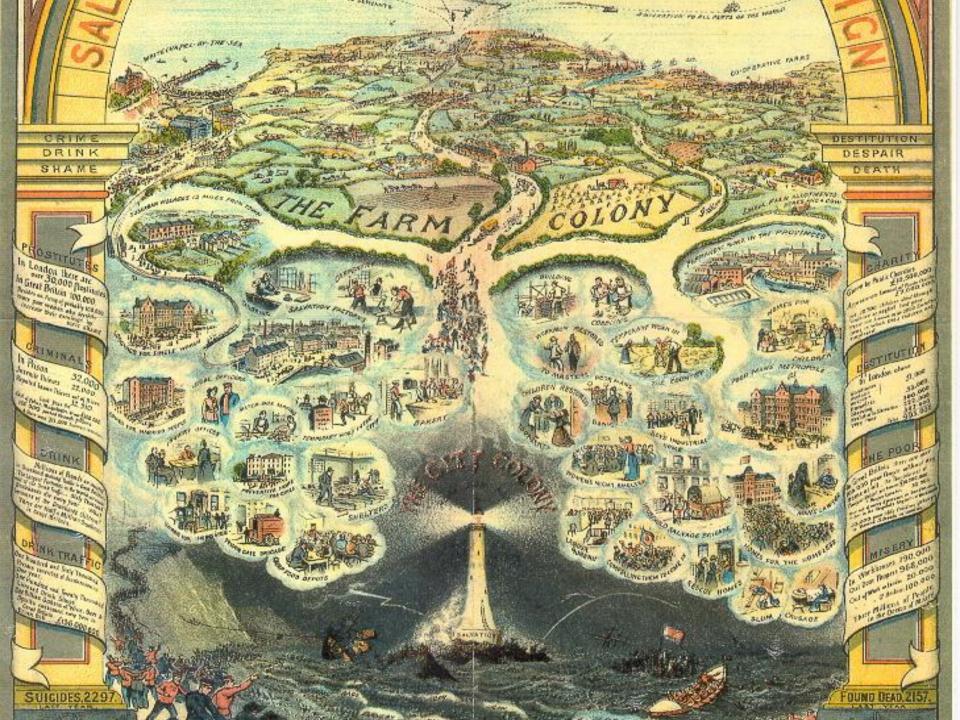


**STIRLING** 

#### IN DARKEST ENGLAND, AND THE WAY OUT.



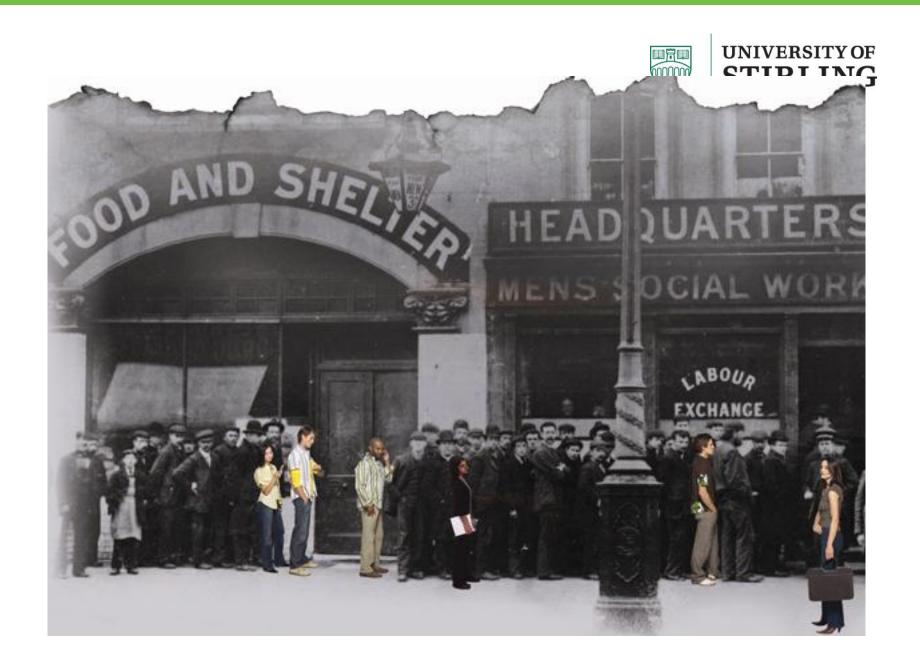


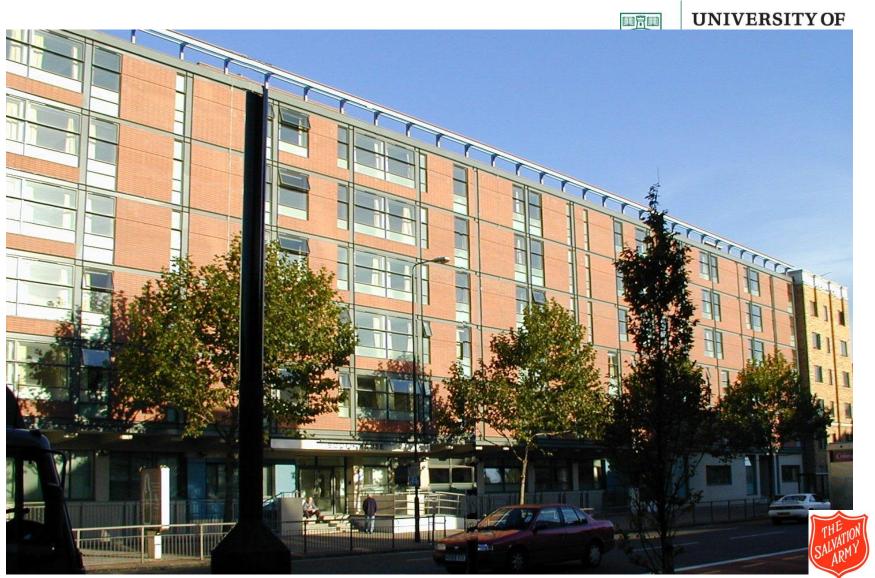


"Beds" in early hostel, 1888



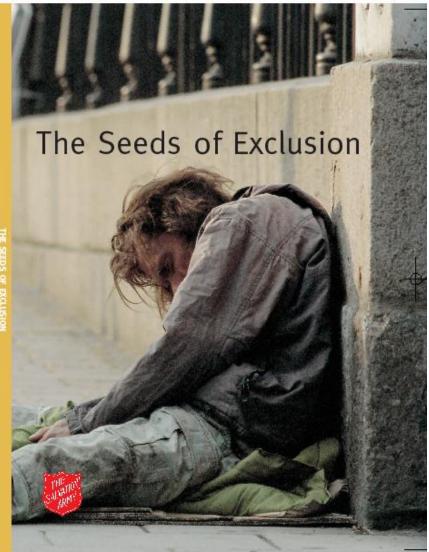
"Breakfasts"
Hanbury Street, 1880





Booth House, Whitechapel London







## A STUDY OF MENTAL HEALTH, SUBSTANCE PROBLEMS, SOCIAL AND OTHER PROBLEMS IN HOMELESS PEOPLE

Dr Adrian Bonner
Dr Marianne van den Bree
Professor Pamela Taylor
Claire Luscombe

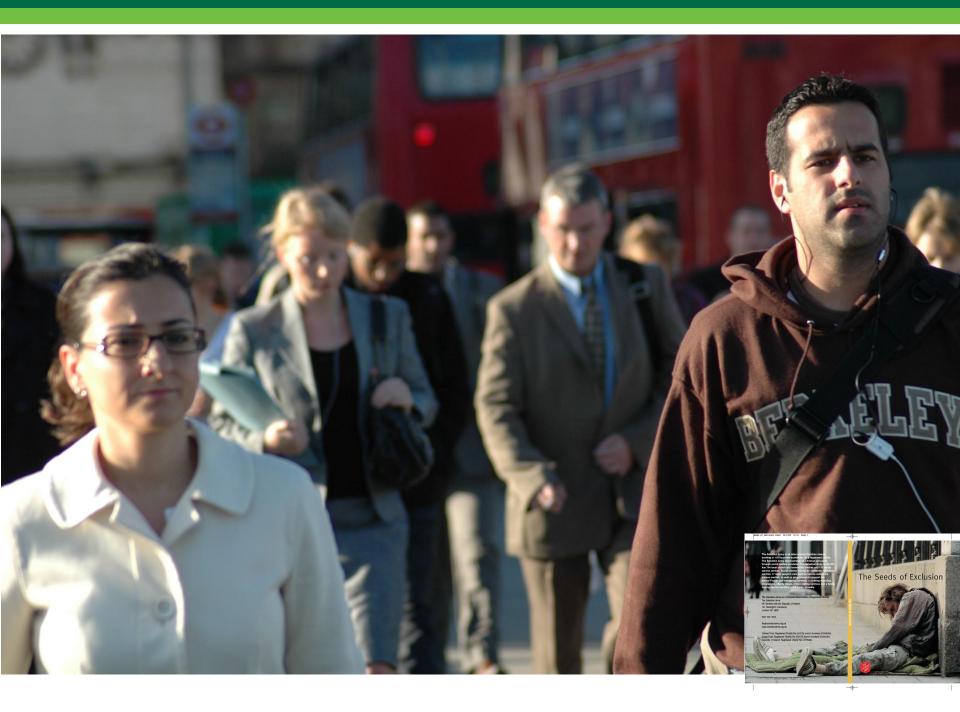














## Screening, self-reporting and in-depth/diagnostic interviews of:

- •967 homeless people
- •January 2006 April 2009
- •7 UK geographical locations
- supervision by a consultant forensic psychiatrist



#### **Initial screen**

- education
- social relations and support
- employment history

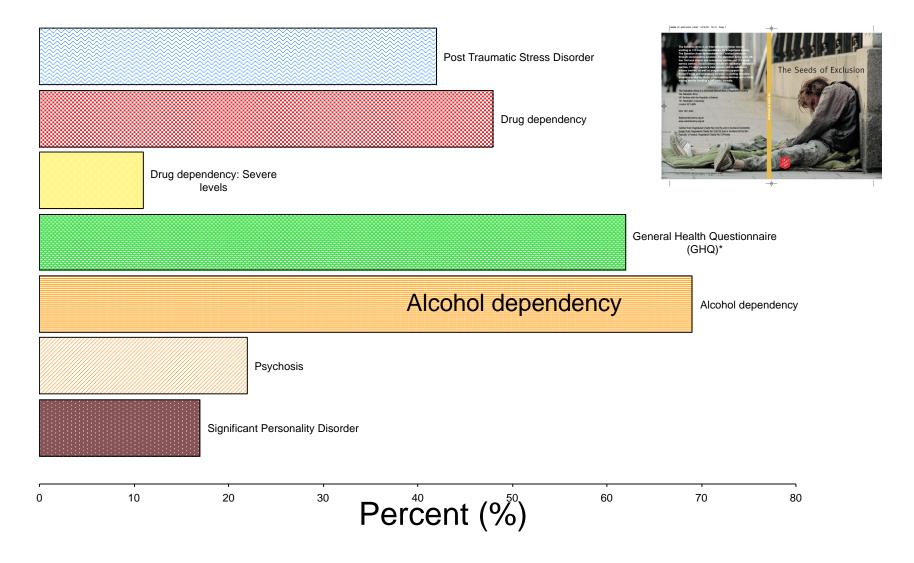
#### **Diagnostic interview**

- Addiction Severity Index
- AUDIT
- •Dast -20
- •GHQ-12
- Psychosis Screening

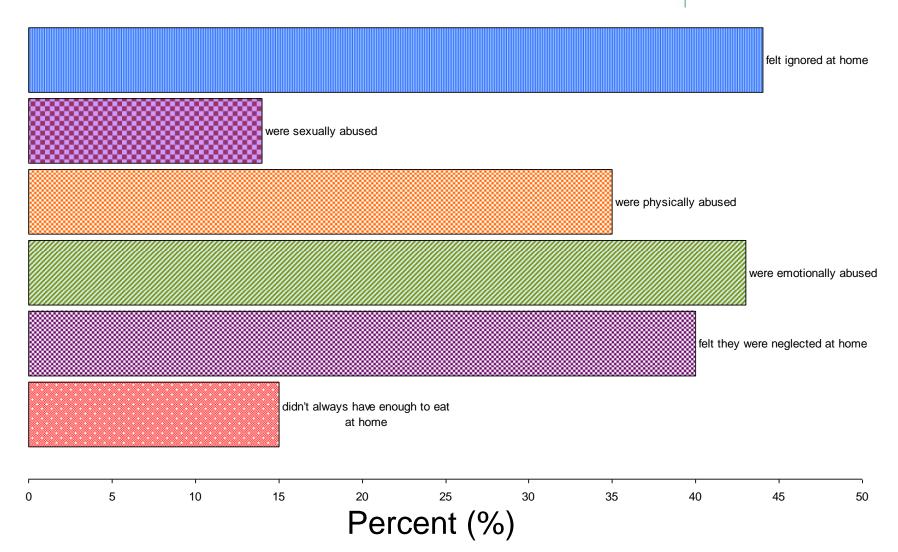
Questionnaire

- Impact of Events Scale-revised (for PTSD)
- Personality DiagnosticQuestionnaire-4
- Mini Mental State Examination

# Percentage of interviewees who screened positive for specific mental health conditions STIRLING



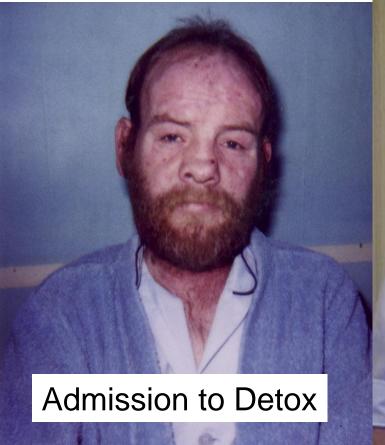
# Percentage of interviewees who had negative STIRLING STIRLING







#### **Salvation Army Alcohol Treatment**











#### **Biomedical Service**

Analysis of alcohol and drugs 3,000 samples per year

from SA centres around the UK









#### Research into Nutrition and Social exclusion

- Nutrition deficits are associated with poor health
  - Vulnerability to mental health problems
  - Reduced cognitive function
  - Deficits linked to
    - Alcohol and drug use
    - Poor quality parenting
    - Chaotic lifestyle



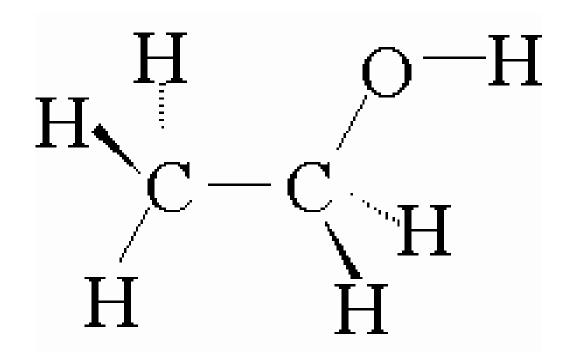


#### **Alcohol and Nutrition**





### **Ethyl Alcohol**





#### Alcoholics are often malnourished

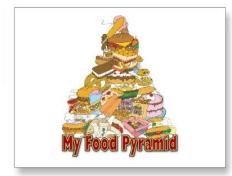




#### **Alcohol**

- it is a toxin per se and also produces acetaldehyde (highly toxic)
- All bodily organs affected
- Reduces the absorption, transport and metabolism of essential micronutrients (vitamins and minerals, essential fatty acids and amino acids)
- Reduced micronutrients influence optimal body functioning
- Particularly vulnerable is brain (adolescent brain)





#### **Poor nutrition**

- Diet based on convenience food when out and about/school
- Parents and peers influence
- Not consuming enough F+V
- Not enough fish
- Diet based on simple sugars, salty snacks, red and processed meat
- Lack of supply of essential micronutrients
- All organs affected but particularly the brain (adolescent brain)



## Nutrition and the development of Behaviour



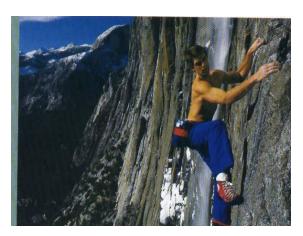


#### **Nutrition, Alcohol and other Drug Problems**

- Exposure to substances across the life span
  - Effects of prenatal exposure
  - During adolescence
  - In young adults
  - Late life drinking





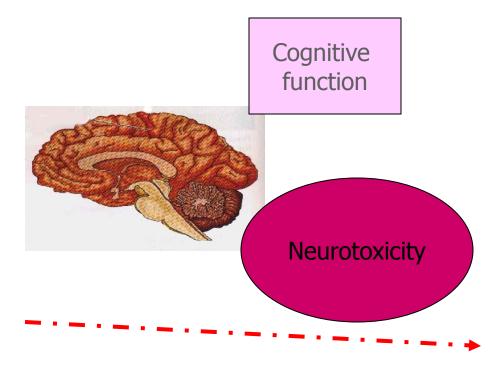




### **Social Context**



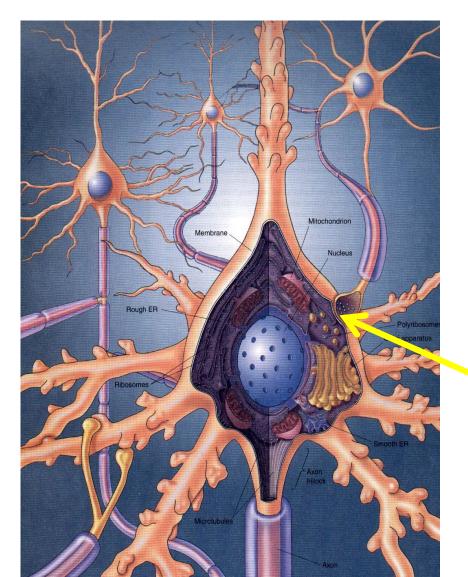
### **Inclusion**



**Exclusion** 



#### Neurotransmitters are involved as chemical messages between neurons



serotonin

[can be manipulated by diet]

#### Serotonin

deficits result in:



- \*Alcohol craving and withdrawal (Badawy, 2001)
- \*Insomnia (Mouret et al, 1968)
- \* Hyperemotionality (Rosecrans, 1970)
- \* Hyperirritability (Koe & Weissman, 1966)
- \* Neophobia and anxiety (Evans et al, 1980)
- \* Increased susceptibility to convulsive seizures

(De la Torre etal, 1970)

- \* Increased sensitivity to pain (Tenen, 1969)
- \* Increased avoidance learning (Valzelli etal, 1976)
- \* Increased irritative aggression (Gessa, 1979)
- \* Hyperdipsia (Coscina et al, 1972)
- \* Increased alcohol preference (Ho, 1974)
- \* Behavioural disinhibition (Stein et al, 1973)
- \* Pathological and suicidal aggression

(Brown et al, 1982)



#### **Neurotransmitter Precursers:**



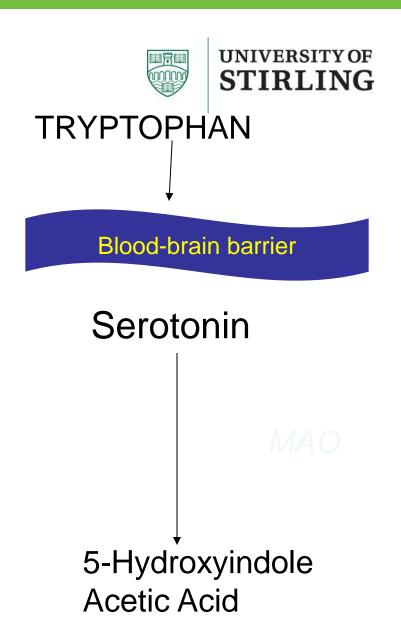
DIET

NEUROTRANSMITTER: chemical messenger in the brain

#### Dietary amino acid

Neurotransmitter

Breakdown product excreted in urine





#### **Brain serotonin**

- Transport through blood-brain barrier
  - depends on competition between Tryptophan and other Amino Acids

#### **Large Neutral Amino Acids**

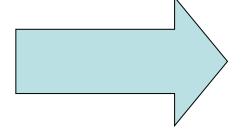


- Lysine
- Phenylalanine
- Tyrosine
- Isoleucine
- Valine
- Leucine
- Tryptophan

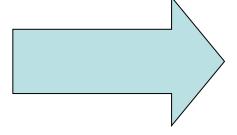
- Try/ LNAA ratio
- determines flux of tryptophan into the brain
- Tryptophan is the precursor of SEROTONIN





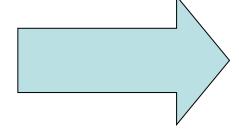




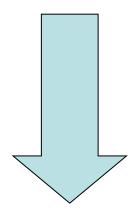


#### Insulin Surge

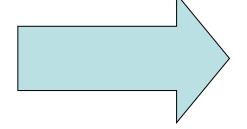




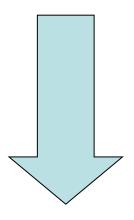
### Insulin Surge







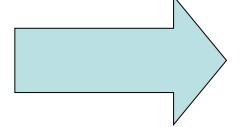
#### Insulin Surge



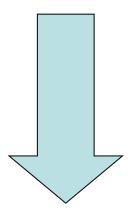
LNAA Incorporated into Muscle Protein



High Carbohydrate



## Insulin Surge

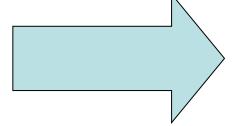




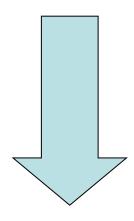
LNAA Incorporated into Muscle Protein



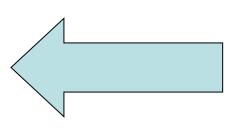
High Carbohydrate



## Insulin Surge



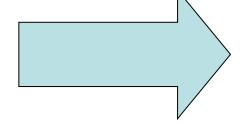
Elevation of
Tryptophan/LNAA
Ratio



LNAA Incorporated into Muscle Protein

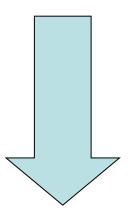


High Carbohydrate

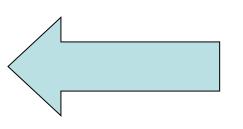


Insulin Surge

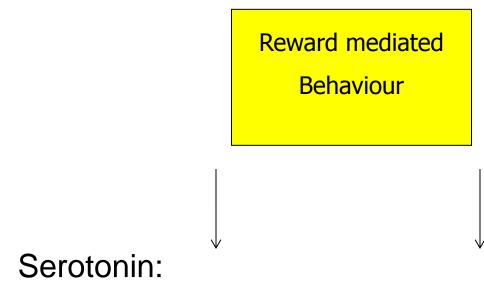




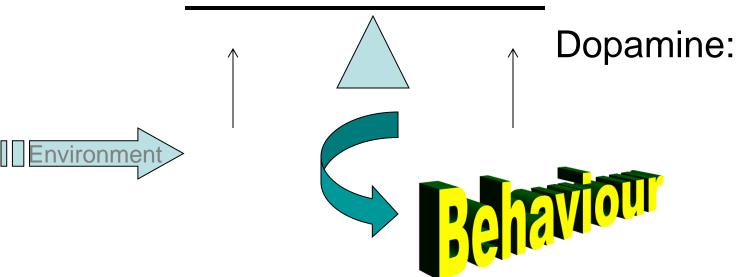
Elevation of
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Ratio

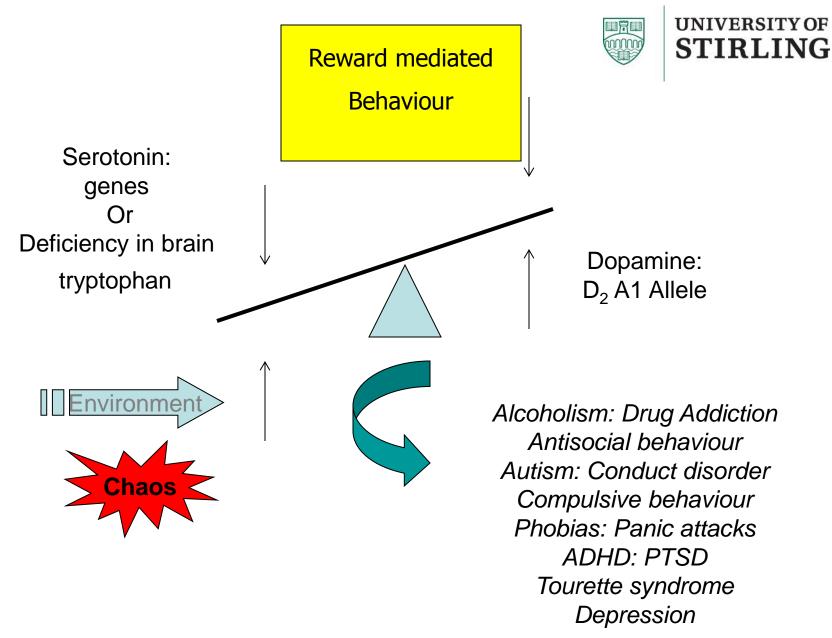


LNAA Incorporated into Muscle Protein









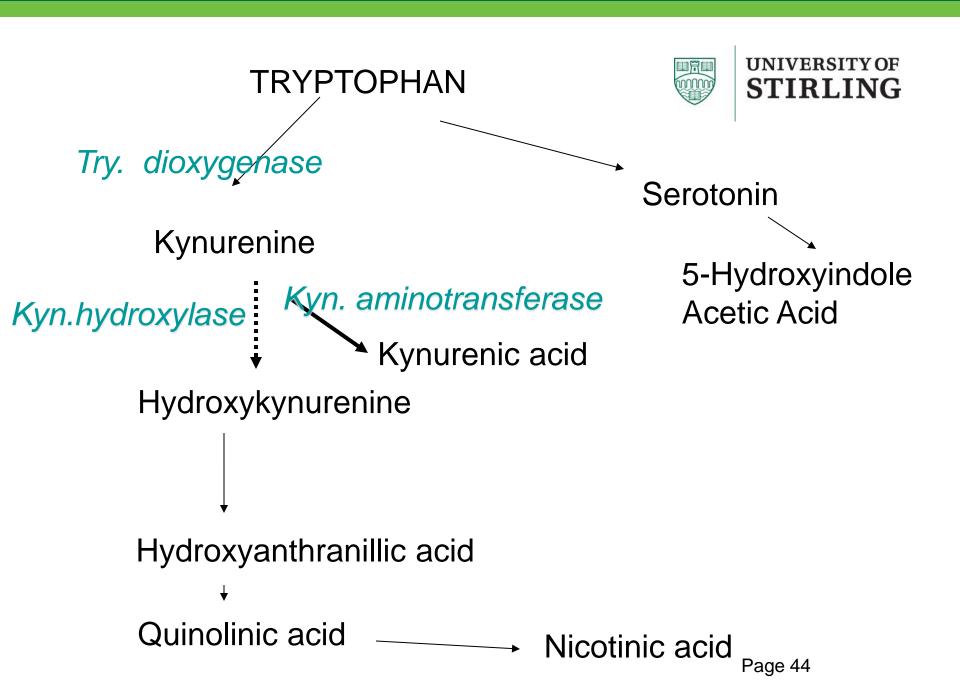


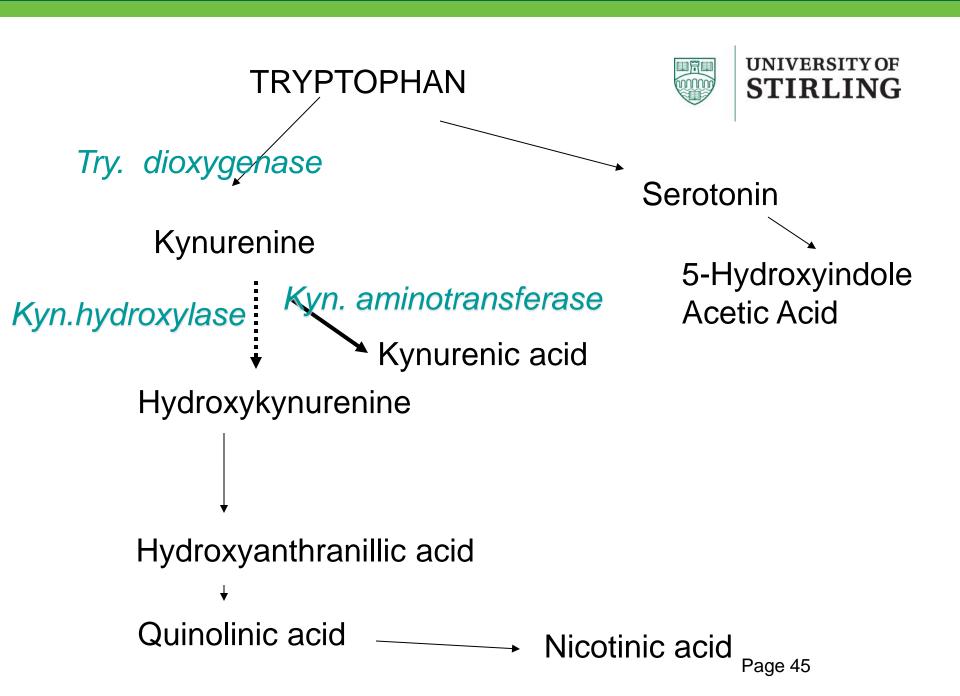
## **TRYPTOPHAN**

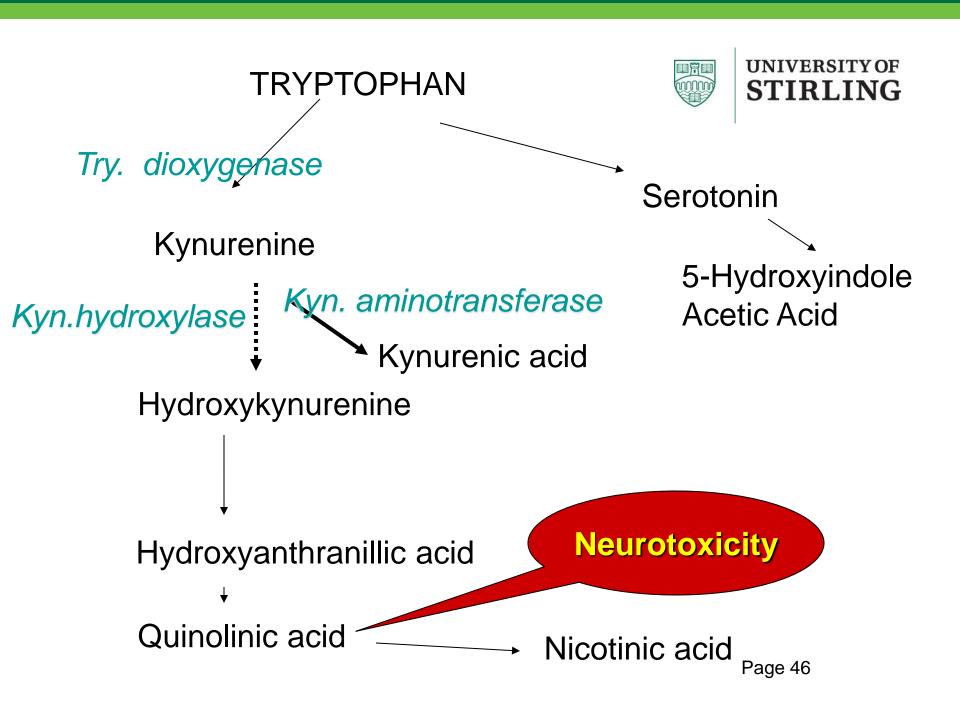


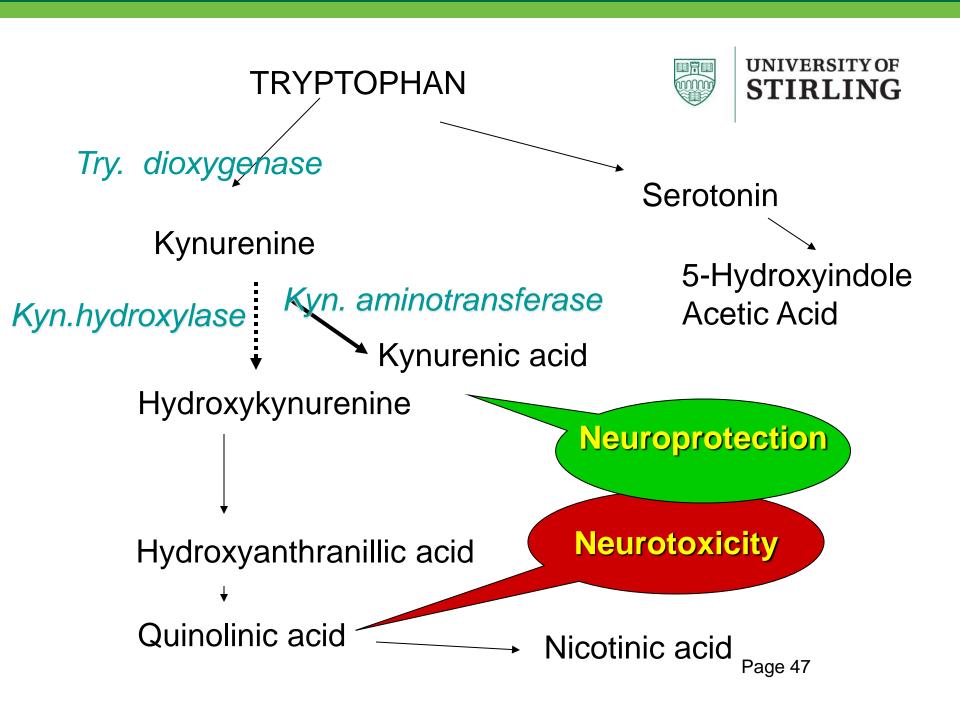
Serotonin

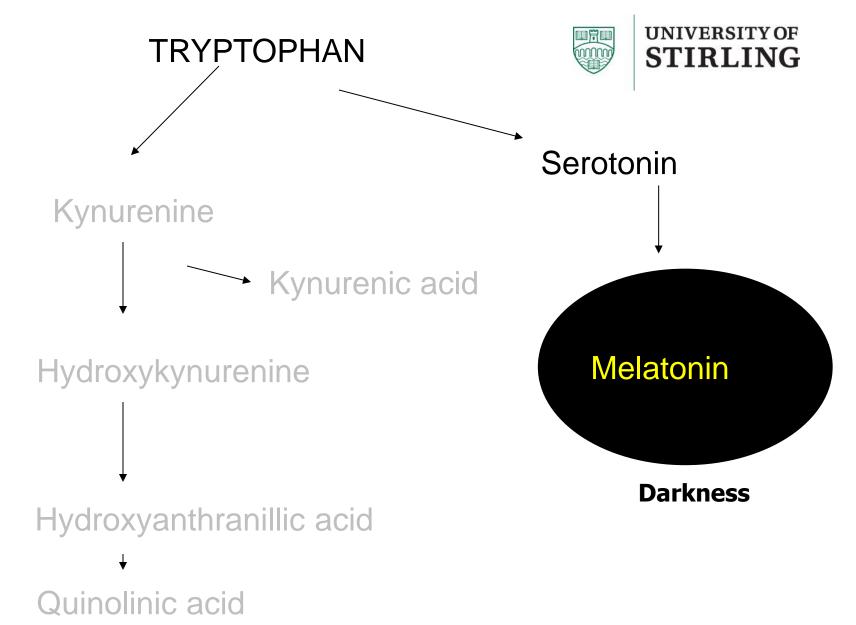
5-Hydroxyindole Acetic Acid

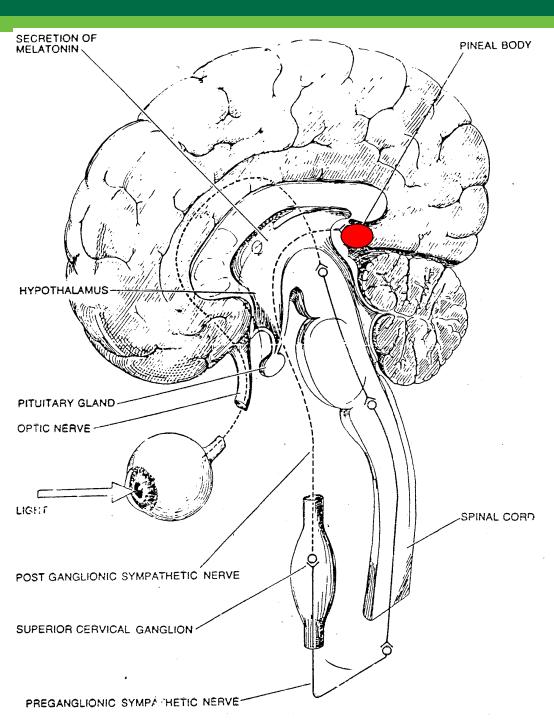






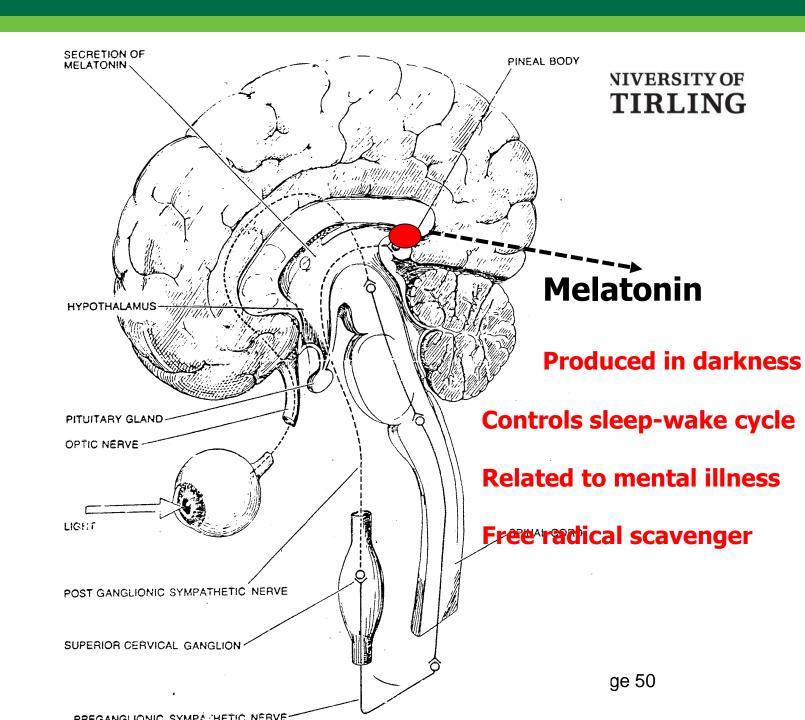






## NIVERSITY OF TIRLING

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# Acute and chronic consequences of alcohol misusety of STIRLING

- Sleep disturbance
  - Association between Alcohol abuse and sleep problems is well established (Shawn et al 2004)

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- Sleep disturbance
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# Research on clients using Salvation Army Substance Misuse Treatment Centre





#### Phase II



#### Study design

- A prospective double blind randomised controlled trial
- 1 week duration (i.e 2nd week of standard detoxification programme)
- Clients randomised to one of the following supplements:
  - Energy-based flavoured supplement with tryptophan, vitamins, minerals and trace elements
  - Energy-based flavoured supplement with tryptophan
  - Control supplement containing energy, flavouring and artificial sweetener.
- The powdered supplements will be coded to blind the investigators and clients.



## Entry criteria

#### Inclusion criteria

- Alcoholic males undergoing the detoxification programme
- Age > 18 years (ideally similar to mean age of 47 years in earlier studies)
- 'uncomplicated' detoxification. If a client meets the inclusion criteria, he will be switched to a standard dose of Oxazazepm after 3 days of starting detoxification.
- Informed consent for the study



## Entry criteria

#### **Exclusion criteria**

- Chronic liver disease e.g cirrhosis/ acute hepatitis/abnormal liver function (subject to review by study Doctor)
- Antidepressant medication
- Use of cocaine
- Excessive intake /reliance on carbohydrate foods for diet ie. standard meals not taken.
- Clients with another diagnosis/condition that would affect th outcome of the study e.g taking psychotrophic medication / with learning disabilities, at the discretion of the physician.



**Enter programme** 

start supplement

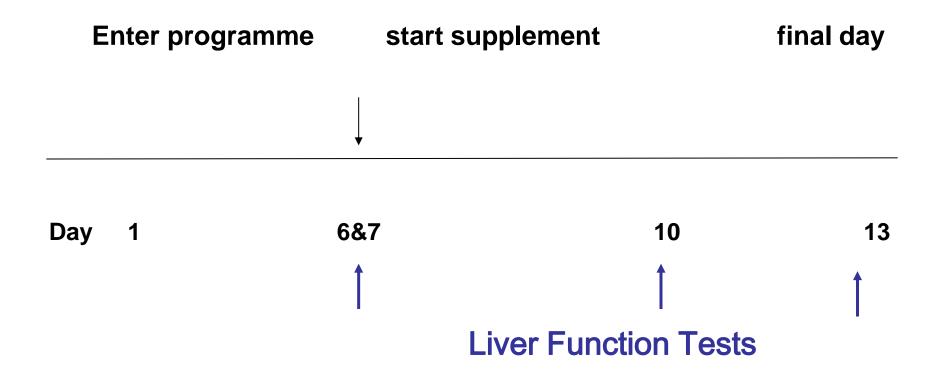
final day

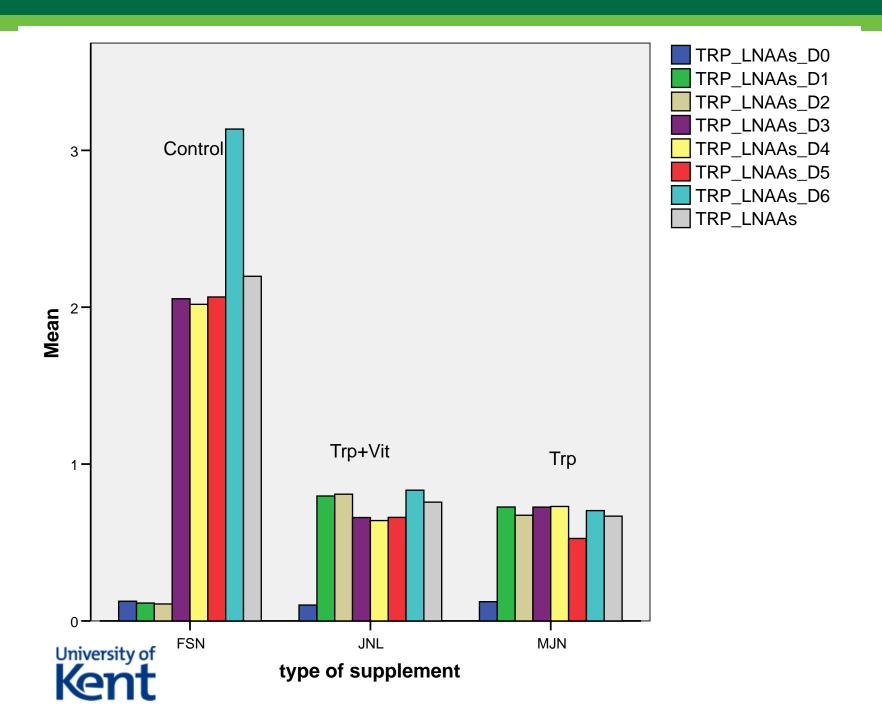
Day 1

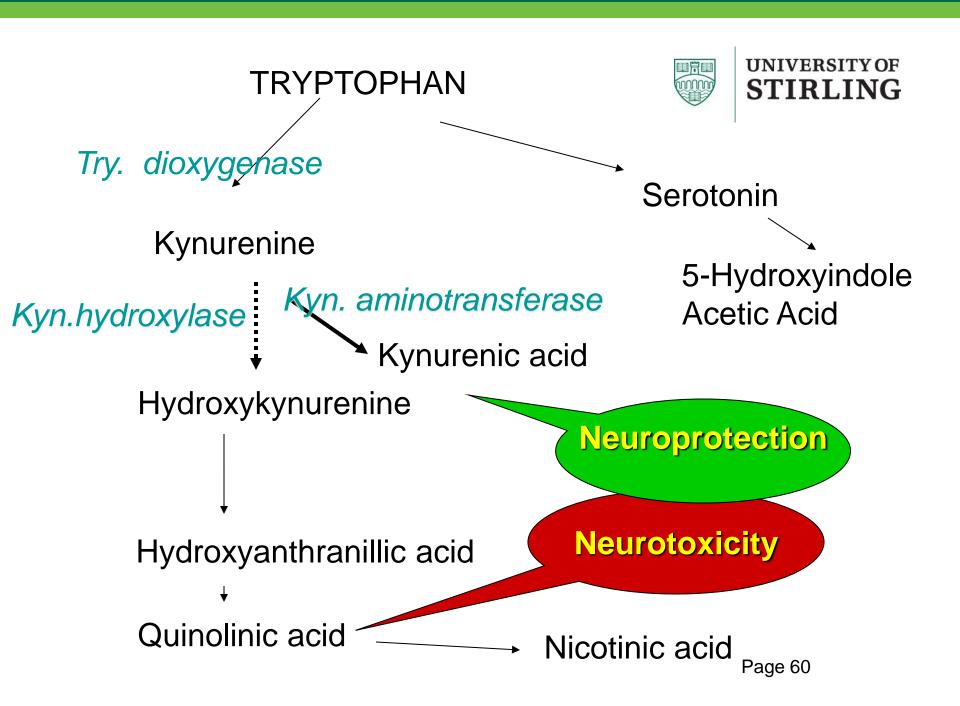
6&7

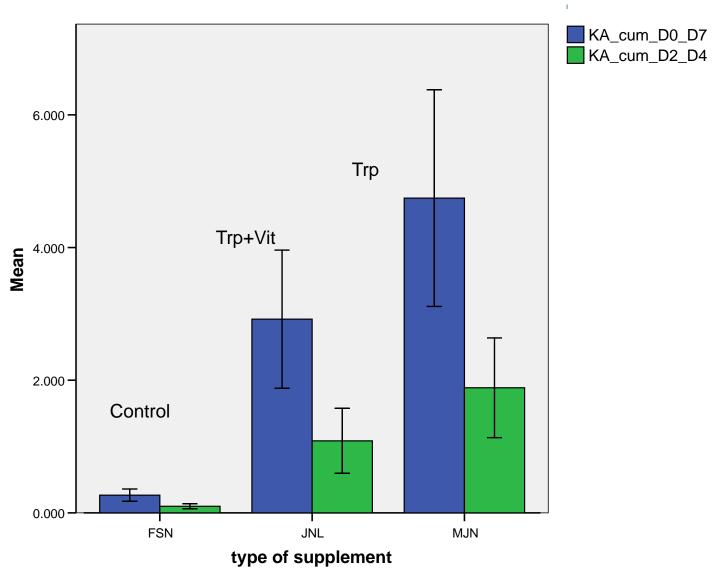
13

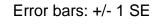
















## **Neuropsychology Tests**

- BMAPS
  - Bexley Maudesley Automated Psychological Screen

## B.M.A.P.S

- 1. PATIENTS
  - 2. VISUOSPATIAL Little Men
    - 3. SYMBOL DIGIT
      - 4. VISUOSPATIAL ANALYSIS
        - 5. VERBAL MEMORY
          - 6. SPATIAL MEMORY
            - 7. CATEGORY SORTING



8. EXIT PROGRAM

SELECT AN OPTION USING THE MOUSE OR KEYBOARD

#### SYMBOL DIGIT TEST

In this test you will be shown a row of 9 different symbols, each having a number displayed beneath it as shown below.

One of the symbols will be shown beneath together with a box into which you can type your response.



You will be asked to type the number matching this symbol as quickly as you can.

You will be given ten Practice Goes before starting the Main Test.

Press a Key or Click a Mouse Button to Start.

## LITTLE MAN TEST NG

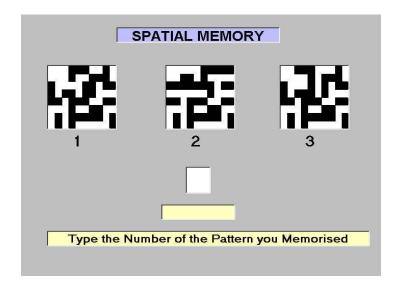
In this test you will be shown a little man on the screen with an object in his hand. You must decide in which of HIS hands he is holding the object. The little man can appear in each of the 4 orientations shown here.



You must then press the LEFT ARROW Key if it is in THE MAN'S LEFT HAND and the RIGHT ARROW Key if it is in his RIGHT HAND.

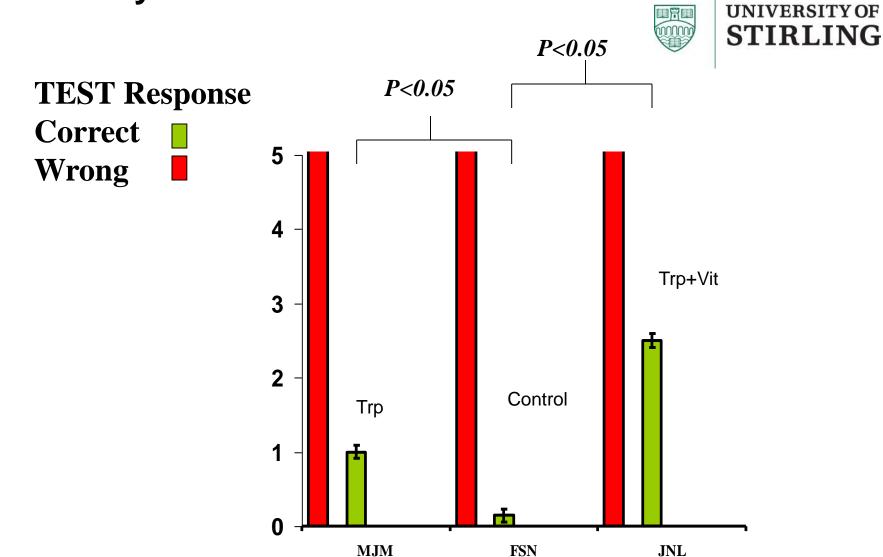
If you understand please press a Key or Mouse Button to start a practice.

## 



## 1-way ANOVA

## Figure 1B Little Man Test









**School of Applied Social Science** 

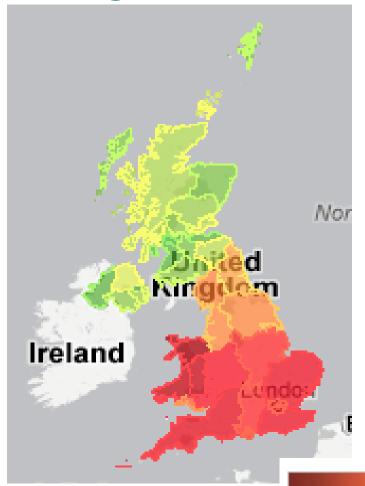
### **Current research:**

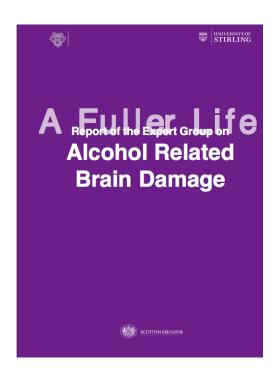
Understanding the experiences and support needs of people with cognitive impairment and alcohol problems in users of Salvation Army services in Scotland





## Wellbeing: ARBD





Rates of dementia diagnosis

25% 30% 35% 40% 45% 50% 55% 60% 65% 70%

## **Collaborative research:**

#### **Main Aims**



- Ascertain levels and severity of cognitive impairment among services users accessing Salvation Army programmes
- Examine current use and experiences of services by people with cognitive impairment and alcohol problems and assess how well current services meet their specific needs
- Develop pathways to improve access and use of services.





#### **Alcohol and Nutrition: Conclusion..**

- Nutrition plays an important role in maintaining physical and psychological health
- People suffering from an addiction are more likely to experience malnutrition
- Alcohol users benefit from a nutrient-rich food (wholegrain), lots of water,
   F+V, a good amount of good quality proteins and the right kind of fats
- Drug users benefit from the all the above + slow-release energy (complex, unrefined CHOs)



#### **Tryptophan studies: conclusion**

- Tryptophan metabolism is implicated in the predisposition to becoming alcohol dependent
- Alcohol has a major effect on Tryptophan metabolism
- Changes in Tryptophan metabolism during detoxification probably contribute to Alcohol Withdrawal Syndrome
- Nutritional manipulation during detox should be considered in order to offset the neurotoxic effects of increased Kynurenine production



#### **Alcohol and Nutrition: Recommendations**

A principle aim of evidence-based strategies should be to:

Facilitate a **Psychologically Informed** recovery environment

#### Supported by

- Lifestyle and life cycle approaches with reference to:
  - exercise
  - sleep-wake activities
  - Nutrition
    - Promote neuroadaptation and minimise neurodegeneration.

#### Bio-psycho aspects of Social Exclusion **UNIVERSITY OF** STIRLING Genetic vulnerability Parenting Social identity **Nutrition** Objective state Housing Life events Subjective state **Hopelessness** Low NE **Suicide Ideation HPA** dysfunction Low serotonin activity Aggression **Suicide planning Impulsivity / restraint** Impaired problem solving Poor set changing Alcohol/drug dependency Cognitive rigidity **Smoking Negative perceptual sets Head injury** Suicide act



- Bonner A.B. Alcohol, ageing and cognitive function: a nutritional perspective.
  - In Alcohol and the Adult brain (Ed) Svenberg.J et al (2015) Psychology Press. UK. 2015
- Bonner A.B., M. Grotzkyj-Giorgi Alcohol: Nutrition and Health Inequalities. In <u>Alcohol</u>, Nutrition and Consequences, CRC Press (2013)

Bonner A.B. <u>Social Exclusion and the Way Out: An individual and community response to human social dysfunction.</u> John Wiley & Sons Ltd, The Atrium, England. 2006

- Bonner A, B. Luscombe C, van den Bree M, and Taylor PJ. (2008) <u>The Seeds of Exclusion</u>.
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