

Advanced Brain Health™ Formula

Goal

To supply nutrition that is often limited by typical diets and the inevitable factors of the natural aging process, and known to support healthy brain structure and function during aging.

Rationale

Until late in the 20th century, the basic theory was that we enter adult life with a set number of brain cells that deteriorate gradually until brain function falls apart. During the past 10 years, neuroscientists have proved that this does not need to be the case. The brain does continue to form new connections and to make changes in response to new demands. Like most every other part of the body, the brain is a "use it or lose it" organ.¹ This fact not only means performing regular brain activities but also includes physical activity because exercise helps the brain maintain structural integrity through increased blood flow.² Despite this new knowledge, it is common for people to experience overall decline in brain function with age. This tendency may be influenced by reduced use of the brain, sedentary lifestyles² and by common limitations in brain nutrition.

Several substances are showing the potential to support brain function and to slow (and possibly stop or reverse) agerelated decline in mental function. Among these substances, **phosphatidylserine (PS)**, **acetyl-L-carnitine (ALC)**, **alphalipoic acid (ALA)**, and **vitamin B-12** have been found to offer support to the maintenance of aging brain function. Following the middle-age years, supplementation with these compounds may balance a decline in the body's production or absorption of these substances that are essential for normal brain and neurological function.^{3,4,5,6} Clinical findings support the benefit of nutritional supplements for cognitive performance and mood/behavior and suggest that additional supplementation may be required for the elderly to support structure and function.^{7,8}

Phosphatidylserine (PS)

PS is a natural compound produced in the body and obtained in small amounts in some foods. PS is a special fat-like molecule called a phospholipid. It functions as a major component of cell and mitochondrial membranes. PS is thought to be especially important for the normal function of nerve and brain cells.^{9,10} PS is the major type of phospholipid in the brain and is known to support several essential components of brain cell function.^{11,12} PS in the brain is structurally and functionally important to 1) supporting brain nerve growth factor (NGF) receptors that decrease with age; 2) dopamine and acetylcholine release; 3) dendritic spines (storage site for synaptic strength and aid for transmission of electrical signals to the neuron's cell body), and 4) cellular antioxidant properties.^{13,14}

Many animal studies have demonstrated enhanced mental function from providing supplemental PS to older animals.⁵ Similarly, several human studies have found that PS supplementation benefited mental functions in older people with declining health.^{9,15,16} Since PS is present in virtually all cells in the body, it is not surprising that PS supplementation is being studied for its likely benefits to many functions of the body.¹⁷ A study involving 131 participants concluded that supplementing PS with DHA from fish oils significantly improved cognitive performance compared to placebo users in non-demented elderly with memory complaints.¹⁸ Once again these results support the use of supplementing *before* disease takes hold with the goal of staving off age-related declines due to lack of proper brain nutrition. Although optimal daily doses for healthy people have not been established, 200-400 mg per day have been used successfully clinically to improve cognitive performance. This suggests that no more, and possibly less, would be needed to help slow age-related brain decline.¹³ Recently the FDA gave "qualified health claim" status to phosphatidylserine, allowing labels to state that, "Consumption of phosphatidylserine may reduce the risk of dementia in the elderly" and "Consumption of phosphatidylserine may reduce the risk of cognitive dysfunction in the elderly." A recent study using 300 mg of phosphatidylserine and 240 mg of phosphatidic acid (PA) demonstrated a positive

A recent study using 300 mg of phosphatidyiserine and 240 mg of phosphatidic acid (PA) demonstrated a positive influence on memory, mood, and cognition among elderly test subjects. Short-term supplementation with PS and PA



was found to have a stabilizing effect on daily functioning, emotional state and self-reported general condition.¹⁹ Additionally supplementation of 400 mg/d with PS and PA compared to placebo, was effective in normalizing the ACTH salivary and serum cortisol (stress hormones) responses to chronically high but not in low stressed subjects. ²⁰ Soy bean derived phosphatidylserine (SB-PS) appears to be the best alternative to the previously used bovine PS. An exploratory study demonstrated SB-PS having favorable effects on cognitive function in elderly with memory complaints and suggests that SB-PS is safe for human consumption and thus, may serve as a safe alternative to phosphatidylserine extracted from bovine cortex.²¹

Acetyl-L-Carnitine (ALC)

ALC is a specific form of carnitine that is used for a variety of functions in many types of cells, including brain cells.²² In addition to being central to energy production in brain cells, ALC has been shown to be a powerful antioxidant in stressed brain tissues.^{23,24} ALC is synthesized naturally in the body; however, ALC levels may decline in older adults.²⁵ Common foods such as red meats and milk products contain natural L-carnitine in modest amounts, but these amounts may not make up for the decline observed with aging. One theory of brain aging is based on observations that the energy generating components (mitochondria) in brain cells suffer increased amounts of oxidative damage with age.²⁶

The acetyl form of L-carnitine has been found to enhance mitochondrial function and to prevent brain mitochondrial decay and decline in mental function in aging animals.^{27,28} Several human studies have demonstrated a wide variety of potential benefits to brain and nerve function.^{29,30,31,32} Clinical trials have tested ALC supplementation in older people, showing benefits in the treatment of a variety of mental problems.^{31,33,34,35} In a 2003 meta-analysis by Montgomery et al. that examined double blind placebo-controlled trials of at least 3 months duration, ALC at doses between 1-3 g/d showed significant benefit over placebo.³⁶ Because of ALC qualities as a neuro/cyto protective agent, it continues to be aggressively studied for maintaining and improving brain health.^{37,38,39} In fact, ALC has diverse functions related with neuroplasticity. Animal and cellular models suggest that ALC's neuroplasticity effect, membrane modulation, and neurotransmitter regulation may play an important role in the brain health. A review of four randomized clinical studies (RCT) demonstrated the superior efficacy of ALC over placebo (PBO) in patients brain health medications, and two other RCTs showed ALC to be equally effective as fluoxetine and amisulpride.⁴⁰ Several studies have combined supplementation of ALC with alpha lipoic acid, resulting in a potentially enhanced beneficial effect on aging brain mitochondrial function (see next section).^{27,28,41}

Alpha Lipoic Acid (ALA)

Due to its essential functions, lipoic acid was initially thought to be a B-vitamin. It was soon realized that it is not a vitamin since the body can synthesize it. Despite its non-vitamin status, lipoic acid continues to be the subject of extensive research more than 50 years after its discovery.^{31,42,43,44,45} Much of the interest focuses on lipoic acid's central role in energy metabolism and in its ability to function as an antioxidant and free radical scavenger in mitochondria.^{46,47} Although ALA is produced naturally in the cells of humans and animals, there is evidence that boosting ALA levels through supplementation can benefit nerve and brain function in older animals.^{48,49,50,51,52,53} Human studies of supplementation with ALA have focused primarily on its possible role in the treatment of those with age-related problems in brain function.^{43,54} Studies are needed to confirm that similar supplementation can slow age-related cognitive decline, but animal studies show that benefits are promising.^{28,55,56} And although healthy young humans can synthesize enough α -lipoic acid to scavenge reactive oxygen species and enhance endogenous antioxidants like glutathione and vitamins C and E, the level of α -lipoic acid significantly declines with age and this may lead to endothelial dysfunction effecting all parts of the body.⁵⁷

Lipoic acid supplementation is also being studied for its potential contribution in supporting the health of the nervous system, aging eyes, cardiovascular system including glucose management, etc.^{28,58,59} While supplement doses of α -



lipoic acid designed for health maintenance (~200 mg/day) would be significantly lower than therapeutic doses (300-1200 mg/day), high doses used in therapy appear safe for long-term use.⁵⁹

Vitamin B-12

Among other functions, vitamin B-12 provides essential support for the maintenance of neural tissues, including neural tissues of the brain. Some studies have reported that as many as one out of seven people over the age of 65 develop B12 deficiency due to a declining capacity to absorb the vitamin from foods.^{60,61,62,63} This deficiency was especially prevalent in non-supplement users.⁶⁴ A deficiency may take years to develop, but a long-standing deficiency can result in permanent damage to neural tissues if diagnosis and treatment are delayed.^{65,66} In a review of all current literature on Vitamin B12 and cognition, the studies indicate that vitamin B12 serum concentrations <120–150 pmol/L and possibly even higher (e.g., 250 pmol/L) are likely to increase the risk of cognitive decline.⁶⁷ While B12 oral supplementation can correct B12 deficiencies over time,⁶⁸ B12 does not work in a vacuum to help maintain brain health.^{67,68} The long term synergy effect of specific nutrients in their positive respective levels to potentially support brain health such as Vitamin E and all other B vitamins, is the rationale to simultaneously ingest a daily multivitamin and mineral formula (MVM) to complement the B12 (and other substances) in this formula.⁶⁷ Moore and Ames et al. demonstrated that B vitamin intake, especially B12 and folic acid, should be in balance in order to correct deficiencies or insufficiencies that lead to age-related impaired cognitive functions. It is well known that supplemental folic acid will mask the vitamin B12 deficiency, meaning the anemia will be corrected, but the neurological damage associated with vitamin B12 deficiency will progress.⁶⁹

Skarupski and Tangney et al. showed that higher total intakes, which included supplementation of vitamins B-6 and B-12 were associated with a decreased likelihood of incident depression for up to 12 years of follow-up after adjustment for age, sex, race, education, income, and antidepressant medication use. For example, each 10 additional milligrams of vitamin B-6 and 10 additional micrograms of vitamin B-12 were associated with 2% lower odds of symptoms per year.⁷⁰ It has also been suggested that marginal deficiencies (i.e. not shown to be deficient by clinical testing) may lead to future brain health problems.⁷¹ Consequently, prophylactic supplementation with vitamin B12 has been suggested as a reasonable precaution to protect vitamin B12 status in older adults with a suggested dose ranging from six to 300 mcg/day.⁶⁰ Walker et al. demonstrated long-term daily oral supplementation of 400 µg folic acid and 100 µg vitamin B-12 promoted improvement in cognitive functioning after 24 months, particularly in immediate and delayed memory performance, once again suggesting prolong synergistic use is necessary for positive outcomes^{6,7,8}

Typical Use

Suitable for adults age 45 and older interested in supporting brain and nerve function during aging.

- Typical dosage based on age and split with meals throughout the day:
 - 45-55 years one serving (4 caps) per day with any meal
 - 56-65 years two servings (8 caps) per day. One serving with AM meal and one with PM meal
 - Over 65 years three servings (12 caps) per day. One serving with AM meal and two with PM meal

Precautions

The dotFIT[™] Advanced Brain Health is considered safe for the general population at the proper dosage in healthy users. Advanced Brain Health is designed to be safe to use along with any other dotFIT additional brain support elements that complement those already present in the dotFIT multivitamin formulas as well as the SuperiorAntioxidant[™] and SuperOmega-3 formulas. Like any dietary supplement, users should consult with their physician and/or pharmacist before taking this supplement, especially if they are also taking any drugs for medical purposes.



Phosphatidylserine is generally well-tolerated⁷² when taken at the suggested levels of one to three servings per day (100 to 300 mg/day). Phosphatidylserine in dotFIT Advanced Brain Health comes from soybean sources, removing concerns about any risk associated with bovine sources that were commonly used in the early research on the substance. Uncommon side effects of phosphatidylserine include gastrointestinal upset and insomnia.^{73,74}

Acetyl-L-carnitine is typically well-tolerated³⁸ when taken at the suggested dose of one to three servings per day (350 to 1,050 mg/day). Rare side effects have included nausea, gastrointestinal upset, and restlessness.^{75,76}

Alpha lipoic acid has been well-tolerated in clinical studies lasting from four months to two years at the suggested dose of one to three servings per day (100 to 300 mg/day).^{59,77,78,79} Studies of lipoic acid supplementation in people with conditions such as Type II diabetes and peripheral arterial disease have reported potential minor side effects such as tingling in legs and feet and mild stomach queasiness. However, it was difficult to determine if this was caused by the supplement or the condition.⁸⁰

Vitamin B-12 is very safe when taken at the dosage in this formula. Since toxicity from vitamin B12 is virtually unknown, no tolerable upper intake level has been established for Vitamin B12 by the Institute of Medicine.⁸¹

Contraindications

The dotFIT[™] Advanced Brain Health formula is contraindicated in pregnancy and lactation and for anyone suffering adverse reactions to any of the ingredients.

Adverse Reactions

There should be no serious side effects in healthy users at the recommended doses.

Phosphatidylserine: Uncommon side effects include gastrointestinal upset (300 mg/day or more) and insomnia (600 mg/day or more)^{73,74}

Acetyl-L-carnitine: Side effects are uncommon; those reported include gastrointestinal upset and agitation.^{75,76,82} People with underactive thyroid, seizures or using blood thinners should check with their physician. Do not use if taking Acenocoumarol (Sintrom).

Alpha-lipoic acid: Side effects are usually not seen unless dosage exceeds 600 mg/day. Reported reactions include headache, skin rash and stomach upset.^{80,83}

Vitamin B12: Side effects unknown.

Upper Limit/Toxicity

The Institute of Medicine has not set an upper limit (UL) for any of the ingredients contained in the dotFIT Advanced Brain Health formula.

Phosphatidylserine: No upper limit has been established for human use. A 12-week study of people over 57 years of age concluded that PS is a safe supplement for elderly individuals at doses up to 600 mg per day (taken in doses of 200 mg three times daily).⁸⁴ The oral LD50 in rats is >5 g/kg body weight. In a tolerability and toxicity study of 130 patients, no significant changes were noted in CBC or serum chemistry results, except for a significant decrease in the liver enzyme alanine aminotransferase (ALT) and uric acid levels.⁸⁵



Acetyl-L-Carnitine: A recent risk assessment for L-carnitine established an "Upper Level for Supplements" (ULS) for L-carnitine at 2000 mg per day which is equivalent to about 3000 mg of acetyl-L carnitine.⁸⁶

Alpha-lipoic acid: No upper limit has been established for human use. A two-year study of laboratory rats reported a no-observed-adverse-effect level (NOAEL) of 60 mg per kilogram body weight.⁸⁷ The dose in the dotFIT Advanced Brain Health formula is less than 1/10 of this dose.

Vitamin B12: No specific levels of intake are known to be toxic. Some theoretical concern has been expressed for excessively high intakes for extended periods of time.^{88,89}

Summary

Purpose

- The goal of the dotFIT[™] Advanced Brain Health formula is to provide substances that help to support brain structure and function during aging
- Complement to the dotFIT multivitamin and mineral, SuperiorAntioxidant[™], and SuperOmega-3 formulas
- The Advanced Brain Health formula rounds out the dotFIT longevity program by providing brain support substances to complement the dotFIT multivitamin, antioxidant, and Omega-3 supplements

Unique Features

- Contains only well-researched brain support substances in their proper amounts
- Accurately complements the dotFIT multivitamin, antioxidant, and Omega-3 formulas
- This formula considers use of other dotFIT products to help the user maintain a safe and optimal range of total nutrient intake
- Manufactured in a facility in compliance with Good Manufacturing Practices (GMPs) exclusively for dotFIT, LLC

Supplement Facts Panel

Serving Size: 4 Softgel Capsules Servings Per Container: 60		
	nount Per Serving	%DV*
Calories	20	
Calories from Fat	20	
Vitamin B12 (as Cyanocobalamin)	100 mcg	1,667%
Acetyl-L Carnitine	500 mg	**
Phosphatidylserine	100 mg	**
Alpha Lipoic Acid	100 mg	**

* Percent Daily Value based on a 2,000 calorie diet.

** % Daily Value(DV) not established

Other Ingredients: Rice Bran Oil, Gelatin, Glycerin, Water, Beeswax, Sunflower Lecithin and Carob



References

¹ IOM (Institute of Medicine). 2008. From molecules to minds: Challenges for the 21st century workshop summary. Washington, DC: The National Academies Press.

² Jian-Ping Hu1, Yan-Hua Guo1, Feng Wang1, Xin-Ping Zhao2, Quan-Hai Zhang2, Qing-Hua Song1 Exercise improves cognitive function in aging patients. Int J Clin Exp Med 2014;7(10):3144-3149 www.ijcem.com /ISSN:1940-5901/IJCEM0002046

³ McDaniel MA, Maier SF, Einstein GO. "Brain-specific" nutrients: a memory cure? Nutrition. 2003 Nov-Dec;19(11-12):957-75.

⁴ Vogiatzoglou A, Refsum H, Johnston C, Smith SM, Bradley KM, de Jager C, Budge MM, Smith AD. Vitamin B12 status and rate of brain volume loss in community-dwelling elderly. Neurology. 2008 Sep 9;71(11):826-32.

⁵ Suchy J, Chan A, Shea TB. Dietary supplementation with a combination of alpha-lipoic acid, acetyl-L-carnitine, glycerophosphocoline, docosahexaenoic acid, and phosphatidylserine reduces oxidative damage to murine brain and improves cognitive performance. Nutr Res. 2009 Jan;29(1):70-4.

⁶ Walker JG¹, Batterham PJ, Mackinnon AJ, Jorm AF, Hickie I, Fenech M, Kljakovic M, Crisp D, Christensen H. Oral folic acid and vitamin B-12 supplementation to prevent cognitive decline in community-dwelling older adults with depressive symptoms--the Beyond Ageing Project: a randomized controlled trial. Am J Clin Nutr. 2012 Jan;95(1):194-203. doi: 10.3945/ajcn.110.007799. Epub 2011 Dec 14

⁷ Chan A¹, Remington R, Kotyla E, Lepore A, Zemianek J, Shea TB. A vitamin/nutriceutical formulation improves memory and cognitive performance in community-dwelling adults without dementia. J Nutr Health Aging. 2010 Mar;14(3):224-30

⁸ Remington R¹, Bechtel C², Larsen D³, Samar A⁴, Doshanjh L⁵, Fishman P⁶, Luo Y⁶, Smyers K¹, Page R², Morrell C⁵, Shea TB. A Phase II Randomized Clinical Trial of a Nutritional Formulation for Cognition and Mood in Alzheimer's Disease. J Alzheimers Dis. 2015 Jan 7. [Epub ahead of print]

⁹ Pepeu G, Pepeu IM, Amaducci L. A review of phosphatidylserine pharmacological and clinical effects. Is phosphatidylserine a drug for the ageing brain? Pharmacol Res. 1996 Feb;33(2):73-80.

¹⁰ Mozzi R, Buratta S, Goracci G. Metabolism and functions of phosphatidylserine in mammalian brain. Neurochem Res. 2003 Feb;28(2):195-214.

¹¹ Crook T, Petrie W, Wells C, Massari DC. Effects of phosphatidylserine in Alzheimer's disease. Psychopharmacol Bull 1992;28:61-6.

¹² Blokland A, Honig W, Brouns F, Jolles J. Cognition-enhancing properties of subchronic phosphatidylserine (PS) treatment in middle-aged rats: comparison of bovine cortex PS with egg PS and soybean PS. Nutrition 1999;15:778-83.

¹³ Copyright © 2008 Thorne Research, Inc. All Rights Reserved. Alternative Medicine Review Volume 13, Number 3 2008
 ¹⁴ Kim HY¹, Huang BX², Spector AA. Phosphatidylserine in the brain: Metabolism and function. Prog Lipid Res. 2014 Oct;56C:1-18. doi: 10.1016/j.plipres.2014.06.002. Epub 2014 Jun 30

¹⁵ Kidd PM. PS (PhosphatidylSerine), Nature's Brain Booster, 2nd ed. St. George, UT: Total Health Communications; 2007.
 ¹⁶ Cenacchi T, Bertoldin T, Farina C, et al. Cognitive decline in the elderly: a double-blind, placebo-controlled multicenter study on efficacy of phosphatidylserine administration. *Aging (Milano)*1993;5:123-133.

¹⁷ Kingsley M. Effects of phosphatidylserine supplementation on exercising humans. Sports Med. 2006;36(8):657-69.

¹⁸ Vakhapova V, Cohen T, Richter Y, Herzog Y, Korczyn AD. Phosphatidylserine containing omega-3 fatty acids may improve memory abilities in non-demented elderly with memory complaints: a double-blind placebo-controlled trial. Dement Cogn Disord. 2010;29(5):467-74. Epub 2010 Jun 3.

¹⁹ Margret I. More[´] • Ulla Freitas • David Rutenberg. Positive Effects of Soy Lecithin-Derived Phosphatidylserine plus Phosphatidic Acid on Memory, Cognition, Daily Functioning, and Mood in Elderly Patients with Alzheimer's Disease and Dementia. Adv Ther (2014) 31:1247–1262 DOI 10.1007/s12325-014-0165-1

²⁰ Hellhammer J, Vogt D, Franz N, Freitas U, Rutenberg D. A soy-based phosphatidylserine/ phosphatidic acid complex (PAS) normalizes the stress reactivity of hypothalamus-pituitaryadrenal-axis in chronically stressed male subjects: a randomized, placebo-controlled study. Lipids Health Dis. 2014 Jul 31;13(1):121. [Epub ahead of print]

²¹ Yael Richter, Yael Herzog, Yael Lifshitz, Rami Hayun, Sigalit Zchut. The effect of soybean-derived phosphatidylserine on cognitive performance in elderly with subjective memory complaints: a pilot study. Clinical Interventions in Aging. 20th of May 2013
 ²² Rebouche CJ. Kinetics, pharmacokinetics, and regulation of L-carnitine and acetyl-L-carnitine metabolism. Ann N Y Acad Sci 2004;1033:30-41.

²³ Altun ZS, Güneş D, Aktaş S, Erbayraktar Z, Olgun N. Protective effects of acetyl-L-carnitine on cisplatin cytotoxicity and oxidative stress in neuroblastoma. Neurochem Res. 2010 Mar;35(3):437-43. Epub 2009 Oct 23.



²⁴ Rump TJ, Muneer PM, Szlachetka AM, Lamb A, Haorei C, Alikunju S, Xiong H, Keblesh J, Liu J, Zimmerman MC, Jones J, Donohue TM Jr, Persidsky Y, Haorah J. Acetyl-L-carnitine protects neuronal function from alcohol-induced oxidative damage in the brain. Free Radic Biol Med. 2010 Nov 30;49(10):1494-504. Epub 2010 Aug 12.

²⁵ Malaguarnera M, Gargante MP, Cristaldi E, Colonna V, Messano M, Koverech A, Neri S, Vacante M, Cammalleri L, Motta M. Acetyl L-carnitine (ALC) treatment in elderly patients with fatigue. Arch Gerontol Geriatr. 2008 Mar-Apr;46(2):181-90. Epub 2007 Jul 20.

²⁶ Head E, Liu J, Hagen TM, Muggenburg BA, Milgram NW, Ames BN, Cotman CW. Oxidative damage increases with age in a canine model of human brain aging. J Neurochem. 2002 Jul;82(2):375-81.

²⁷ Milgram NW, Araujo JA, Hagen TM, Treadwell BV, Ames BN. Acetyl-L-carnitine and alpha-lipoic acid supplementation of aged beagle dogs improves learning in two landmark discrimination tests. FASEB J. 2007 Nov;21(13):3756-62. Epub 2007 Jul 10.
²⁸ Long J, Gao F, Tong L, Cotman CW, Ames BN, Liu J. Mitochondrial decay in the brains of old rats: ameliorating effect of

alphalipoic acid and acetyl-l-carnitine. Neurochem Res. 2008 Oct 10. [Epub ahead of print]

²⁹ Pettegrew JW, Levine J, McClure RJ. Acetyl-L-carnitine physical-chemical, metabolic, and therapeutic properties: relevance for its mode of action in Alzheimer's disease and geriatric depression. Mol Psychiatry 2000; 5: 616-632.

³⁰ Rossini M, Di Munno O, Valentini G, Bianchi G, Biasi G, Cacace E, Malesci D, La Montagna G, Viapiana O, Adami S. Doubleblind, multicenter trial comparing acetyl l-carnitine with placebo in the treatment of fibromyalgia patients. Clin Exp Rheumatol. 2007 Mar-Apr;25(2):182-8.

³¹ Soczynska JK, Kennedy SH, Chow CS, Woldeyohannes HO, Konarski JZ, McIntyre RS. Acetyl-L-carnitine and alpha-lipoic acid: possible neurotherapeutic agents for mood disorders? Expert Opin Investig Drugs. 2008 Jun;17(6):827-43. Review.

³² Malaguarnera M, Gargante MP, Cristaldi E, Colonna V, Messano M, Koverech A, Neri S, Vacante M, Cammalleri L, Motta M. Acetyl L-carnitine (ALC) treatment in elderly patients with fatigue. Arch Gerontol Geriatr. 2008 Mar-Apr;46(2):181-90. Epub 2007 Jul 20.

³³ Cucinotta D, Passeri M, Ventura S, et al. Multicenter clinical placebo-controlled study with acetyl-L-carnitine (ALC) in the treatment of mildly demented elderly patients Drug Development Res 1988;14:213-6.

³⁴ Passeri M, Cucinotta D, Bonati PA, et al. Acetyl-L-carnitine in the treatment of mildly demented elderly patients. Int J Clin Pharmacol Res 1990;10:75-9.

³⁵ Salvioli G, Neri M. L-acetylcarnitine treatment of mental decline in the elderly. Drugs Exp Clin Res 1994;20:169-76.

³⁶ Montgomery SA, Thal LJ, Amrein R. Meta-analysis of double blind randomized controlled clinical trials of acetyl-L-carnitine versus placebo in the treatment of mild cognitive impairment and mild Alzheimer's disease. Int Clin Psychopharmacol 2003;18:61-71.

³⁷ Bagetta V, Barone I, Ghiglieri V, Di Filippo M, Sgobio C, Bernardi G, Calabresi P, Picconi B. Acetyl-L-Carnitine selectively prevents post-ischemic LTP via a possible action on mitochondrial energy metabolism. Neuropharmacology. 2008 Aug;55(2):223-9. Epub 2008 May 24.

³⁸ Traina G, Federighi G, Brunelli M, Scuri R. Cytoprotective effect of acetyl-L-carnitine evidenced by analysis of gene expression in the rat brain. Mol Neurobiol. 2009 Apr;39(2):101-6. Epub 2009 Feb 7.

³⁹ Calabrese V, Cornelius C, Mancuso C, Lentile R, Stella AM, Butterfield DA. Redox homeostasis and cellular stress response in aging and neurodegeneration. Methods Mol Biol. 2010;610:285-308.

⁴⁰ Wang SM , Han C , Lee SJ , Patkar AA , Masand PS , Pae CU. A review of current evidence for acetyl-l-carnitine in the treatment of depression. J Psychiatr Res. 2014 Jun;53:30-7. doi: 10.1016/j.jpsychires.2014.02.005. Epub 2014 Feb 15

⁴¹ Shenk JC, Liu J, Fischbach K, Xu K, Puchowicz M, Obrenovich ME, Gasimov E, Alvarez LM, Ames BN, Lamanna JC, Aliev G. The effect of acetyl-L-carnitine and R-alpha-lipoic acid treatment in ApoE4 mouse as a model of human Alzheimer's disease. J Neurol Sci. 2009 Aug 15;283(1-2):199-206. Epub 2009 Apr 1.

⁴² Petersen Shay K, Moreau RF, Smith EJ, Hagen TM. Is alpha-lipoic acid a scavenger of reactive oxygen species in vivo? Evidence for its initiation of stress signaling pathways that promote endogenous antioxidant capacity. IUBMB Life. 2008 Jun;60(6):362-7.
 ⁴³ Liu J. The effects and mechanisms of mitochondrial nutrient alpha-lipoic acid on improving age-associated mitochondrial and cognitive dysfunction: an overview. Neurochem Res. 2008 Jan;33(1):194-203.

⁴⁴ Bolognesi ML, Minarini A, Tumiatti V, Melchiorre C. Lipoic acid, a lead structure for multi-target-directed drugs for neurodegeneration. Mini Rev Med Chem. 2006 Nov;6(11):1269-74. Review.

⁴⁵ Bilska A, Włodek L. Lipoic acid - the drug of the future? Pharmacol Rep. 2005 Sep-Oct;57(5):570-7. Review.

⁴⁶ Packer L, Witt EH, Tritschler HJ. alpha-Lipoic acid as a biological antioxidant. Free Radic Biol Med. 1995 Aug;19(2):227-50. Review.



⁴⁷ Packer L¹, Cadenas E. Lipoic acid: energy metabolism and redox regulation of transcription and cell signaling. J Clin Biochem Nutr. 2011 Jan;48(1):26-32. doi: 10.3164/jcbn.11-005FR. Epub 2010 Dec 29

⁴⁸ Stoll S, Hartmann H, Cohen SA, Müller WE. The potent free radical scavenger alpha-lipoic acid improves memory in aged mice: putative relationship to NMDA receptor deficits. Pharmacol Biochem Behav. 1993 Dec;46(4):799-805.

⁴⁹ Farr SA, Poon HF, Dogrukol-Ak D, Drake J, Banks WA, Eyerman E, Butterfield DA, Morley JE. The antioxidants alpha-lipoic acid and N-acetylcysteine reverse memory impairment and brain oxidative stress in aged SAMP8 mice. J Neurochem. 2003 Mar;84(5):1173-83.

⁵⁰ Poon HF, Farr SA, Thongboonkerd V, Lynn BC, Banks WA, Morley JE, Klein JB, Butterfield DA. Proteomic analysis of specific brain proteins in aged SAMP8 mice treated with alpha-lipoic acid: implications for aging and age-related neurodegenerative disorders. Neurochem Int. 2005 Jan;46(2):159-68.

⁵¹ Cui X, Zuo P, Zhang Q, Li X, Hu Y, Long J, Packer L, Liu J. Chronic systemic D-galactose exposure induces memory loss, neurodegeneration, and oxidative damage in mice: protective effects of R-alpha-lipoic acid. J Neurosci Res. 2006 Aug 15;84(3):647-54.

⁵² Quinn JF, Bussiere JR, Hammond RS, Montine TJ, Henson E, Jones RE, Stackman RW Jr. Chronic dietary alpha-lipoic acid reduces deficits in hippocampal memory of aged Tg2576 mice. Neurobiol Aging. 2007 Feb;28(2):213-25. Epub 2006 Jan 31.

⁵³ Manda K, Ueno M, Moritake T, Anzai K. Radiation-induced cognitive dysfunction and cerebellar oxidative stress in mice: protective effect of alpha-lipoic acid. Behav Brain Res. 2007 Feb 12;177(1):7-14. Epub 2006 Dec 4.

⁵⁴ Rochette L¹, Ghibu S, Richard C, Zeller M, Cottin Y, Vergely C. Direct and indirect antioxidant properties of α-lipoic acid and therapeutic potential. Mol Nutr Food Res. 2013 Jan;57(1):114-25. doi: 10.1002/mnfr.201200608

⁵⁵ Ames BN. The metabolic tune-up: metabolic harmony and disease prevention. J Nutr. 2003 May; 133(5 Suppl 1):1544S-8S.
 ⁵⁶ Ames BN. Delaying the mitochondrial decay of aging. Ann N Y Acad Sci. 2004 Jun; 1019: 406-11.

⁵⁷ Park S, Karunakaran U, Jeoung NH, Jeon JH, Lee IK. Physiological effect and therapeutic application of alpha lipoic Acid. Curr Med Chem. 2014;21(32):3636-45

⁵⁸ Gębka A¹, Serkies-Minuth E¹, Raczyńska D².Effect of the administration of alpha-lipoic acid on contrast sensitivity in patients with type 1 and type 2 diabetes. Mediators Inflamm. 2014;2014:131538. doi: 10.1155/2014/131538. Epub 2014 Feb 10.

⁵⁹ Costantino M¹, Guaraldi C, Costantino D, De Grazia S, Unfer V. Peripheral neuropathy in obstetrics: efficacy and safety of α-lipoic acid supplementation. Eur Rev Med Pharmacol Sci. 2014 Sep;18(18):2766-71

⁶⁰ Stabler SP, Lindenbaum J, Allen RH. Vitamin B-12 deficiency in the elderly: current dilemmas. Am J Clin Nutr. 1997 Oct;66(4):741-9.

⁶¹ Smith AD. Vitamin B12 status and rate of brain volume loss in community-dwelling elderly. Neurology. 2008 Sep 9;71(11):826-32.

⁶² Sánchez H, Albala C, Herlramp F E, Verdugo R, Lavados M, Castillo JL, Lera L, Uauy R. [Prevalence of vitamin B-12 deficiency in older adults]. Rev Med Chil. 2010 Jan;138(1):44-52. Epub 2010 Mar 26. Spanish.

⁶³ Park S, Johnson MA. What is an adequate dose of oral vitamin B12 in older people with poor vitamin B12 status? Nutr Rev. 2006;64:373–378

⁶⁴ Johnson MA, Hausman DB, Davey A, Poon LW, Allen RH, Stabler SP; Georgia Centenarian Study. Vitamin B12 deficiency in African American and white octogenarians and centenarians in Georgia. J Nutr Health Aging. 2010 May;14(5):339-45.

⁶⁵ Savage DG, Lindenbaum J. Neurological complications of acquired cobalamin deficiency: clinical aspects. Baillieres Clin Haematol. 1995 Sep;8(3):657-78.

⁶⁶ Andrès E, Federici L, Affenberger S, Vidal-Alaball J, Loukili NH, Zimmer J, Kaltenbach G. B12 deficiency: a look beyond pernicious anemia. J Fam Pract. 2007 Jul;56(7):537-42.

⁶⁷ Jennifer L Barnes, Min Tian, Neile K Edens, and Martha Clare Morris. Consideration of nutrient levels in studies of cognitive decline. Nutrition Reviews. 2014 International Life Sciences Institute

⁶⁸ Health Quality Ontario. Vitamin B12 and cognitive function: an evidence-based analysis. Ont Health Tech Assess Ser [Internet]. 2013 November;13(23):1–45. Available from http://www.hqontario.ca/evidence/publications-and-ohtac-

recommendations/ontario-health-technology-assessment-series/B12-cognitive-function

⁶⁹ Moore EM, Ames D, Mander AG, Carne RP, Brodaty H, Woodward MC, Boundy K, Ellis KA, Bush Al, Faux NG, Martins RN, Masters CL, Rowe CC, Szoeke C, Watters DA. Among vitamin B12 deficient older people, high folate levels are associated with worse cognitive function: combined data from three cohorts. J Alzheimers Dis. 2014;39(3):661-8. doi: 10.3233/JAD-131265
 ⁷⁰ Skarupski KA, Tangney C, Li H, Ouyang B, Evans DA, Morris MC. Longitudinal association of vitamin B-6, folate, and vitamin B-12 with depressive symptoms among older adults over time. Am J Clin Nutr. 2010 Aug;92(2):330-5. Epub 2010 Jun 2.



⁷¹ Smith AD, Refsum H. Vitamin B-12 and cognition in the elderly. Am J Clin Nutr. 2009 Feb;89(2):707S-11S. Epub 2008 Dec 30. Review.

⁷² Jellin JM, Gregory PJ, Batz F, Hitchens K, et al. Pharmacist's Letter/Prescriber's Letter Natural Medicines Comprehensive Database. Stockton, CA: Therapeutic Research Faculty. Online version, October 2008.

⁷³ Pepping J. Phosphatidylserine. Am J Health-Syst Pharm 1999;56:2038,2043-4.

⁷⁴ Kidd PM. Phosphatidylserine; Membrane nutrient for memory. A clinical and mechanistic assessment. Altern Med Rev 1996;1:70-84.

⁷⁵ De Grandis D, Minardi C. Acetyl-L-carnitine (levacecarnine) in the treatment of diabetic neuropathy. A long-term, randomised, double-blind, placebo-controlled study. Drugs R D 2002; 3:223-31.

⁷⁶ Sima AAF, Calvani M, Mehra M, et al. Acetyl-L-carnitine improves pain, nerve regeneration, and vibratory perception in patients with chronic diabetic neuropathy: An analysis of two randomized, placebo-controlled trials. Diabetes Care 2005;28:89-94.

⁷⁷ Reljanovic M, Reichel G, Rett K, et al. Treatment of diabetic polyneuropathy with the antioxidant thioctic acid (alpha-lipoic acid):
 A 2-year, multicenter, randomized, double-blind, placebo-controlled trial (ALADIN II). Alpha Lipoic Acid in Diabetic Neuropathy [abstract]. Free Radic Res 1999;31:171-7.

⁷⁸ Ziegler D, Hanefeld M, Ruhnau K, et al. Treatment of symptomatic diabetic polyneuropathy with the antioxidant alpha-lipoic acid: A 7-month, multicenter, randomized, controlled trial (ALADIN III Study). Diabetes Care 1999;22:1296-301.

⁷⁹ Ametov AS, Barinov A, Dyck PJ, et al. The sensory symptoms of diabetic polyneuropathy are improved with alpha-lipoic acid. Diabetes Care 2003;26:770-6.

⁸⁰ Vincent HK, Bourguignon CM, Vincent KR, Taylor AG. Effects of alpha-lipoic acid supplementation in peripheral arterial disease: a pilot study. J Alt Complement Med 2007;13:577-84.

⁸¹ IOM (Institute of Medicine). 1998. Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin, and Choline. Washington, DC: The National Academies Press.

⁸² Spagnoli A, Lucca U, Menasce G, et al. Long-term acetyl-L-carnitine treatment in Alzheimer's Disease. Neurology 1991;41:1726-32.

⁸³ Ziegler D, Ametov A, Barinov A, Dyck PJ, Gurieva I, Low PA, Munzel U, Yakhno N, Raz I, Novosadova M, Maus J, Samigullin R. Oral treatment with alpha-lipoic acid improves symptomatic diabetic polyneuropathy: the SYDNEY 2 trial. Diabetes Care. 2006 Nov;29(11):2365-70.

⁸⁴ Jorissen BL, Brouns F, Van Boxtel MP, Riedel WJ. Safety of soy-derived phosphatidylserine in elderly people. Nutr Neurosci. 2002 Oct;5(5):337-43.

⁸⁵ Cenacchi T, Baggio C, Palin E. Human tolerability of oral phosphatidylserine assessed through laboratory examinations. *Clin Trials J* 1987;24:125-130.

⁸⁶ Hathcock JN, Shao A. Risk assessment for carnitine. Regul Toxicol Pharmacol. 2006 Oct;46(1):23-8.

⁸⁷ Cremer DR, Rabeler R, Roberts A, Lynch B. Long-term safety of alpha-lipoic acid (ALA) consumption: A 2-year study. Regul Toxicol Pharmacol. 2006 Dec;46(3):193-201.

⁸⁸ Carmel R. Efficacy and safety of fortification and supplementation with vitamin B12: biochemical and physiological effects. Food Nutr Bull. 2008 Jun;29(2 Suppl):S177-87.

⁸⁹ Walker JG¹, Batterham PJ, Mackinnon AJ, Jorm AF, Hickie I, Fenech M, Kljakovic M, Crisp D, Christensen H. Oral folic acid and vitamin B-12 supplementation to prevent cognitive decline in community-dwelling older adults with depressive symptoms--the Beyond Ageing Project: a randomized controlled trial. Am J Clin Nutr. 2012 Jan;95(1):194-203. doi: 10.3945/ajcn.110.007799. Epub 2011 Dec 14.