



Do Genes Dictate Our Nutrient Needs?

Dr. Anusha Sunder*

Doctorate in Life Science/Human Nutrition, Accredited Certification in Nutrigenetics; Lead Scientist and Nutrigenetic Expert, Xcode Life Sciences, Pvt. Ltd. Chennai, India

***Corresponding Author:** Dr. Anusha Sunder, Doctorate in Life Science/Human Nutrition, Accredited Certification in Nutrigenetics; Lead Scientist and Nutrigenetic Expert, Xcode Life Sciences, Pvt. Ltd. Chennai, India.

DOI: 10.31080/ASMS.2024.08.1841

Received: April 29, 2024

Published: June 04, 2024

© All rights are reserved by **Dr. Anusha Sunder.**

Abstract

The greatest wealth that one can ever earn is good health! In the recent years, one of the best aspects of health care reform is that it has started to emphasize on prevention, especially through lifestyle interventions. Gene-nutrient interactions epitomize the synergy of genetics and lifestyle in deciding health outcomes. 'One size fits all' approach to lifestyle recommendations leaves a gap which stands miles away from best desirable results for an individual. Hence, the need of the hour is a personalized health care approach focusing on gene-based lifestyle modifications. Personalized healthcare approach innovatively defines disease prevention through the indulgence of nutrigenetics. Nutrigenetics, a field of Life Science identifies an individual's genetic susceptibility to diseases and emphasizes the vital role of genetic variation in affecting nutrient intake. The effect of dietary factors on health status has been recognized since antiquity. Food and its components directly or indirectly influence gene expression. Genetic predispositions in turn dictate unique dietary needs and requirements. A small genetic change, or variation, that occurs within the DNA sequence can have an impact on nutrient metabolism. Genetic information in relation to a nutrient metabolism has relevance to health conditions [1-8].

Keywords: Nutrigenetics; Genetic Predisposition; Gene-Nutrient Interaction; Genetic Make-Up; Genetic Expression

Introduction

Genetic make-up and lifestyle occupy equal shares in any health outcome. Hence, recommendations for health betterment should be tailor-made suiting the person's tolerance/acceptance to dietary components based on his genes. Right Food and right exercises are subjective to your genetic make-up! Let's understand this better with the following examples.

Discussion on examples signifying gene-nutrient interactions in health outcome

Weighty concerns can be effectively addressed through gene-nutrient interactions

Genetic risks may be offset by favorable changes in lifestyle. For instance, your meal pattern, meal timings and even the

type of snacks can be recommended to suit you the best if you understand the pattern of genes like FTO, LEP, LEPR and CCK which influence appetite, meal quantity, satiety response and the urge to snack. Individuals carrying a variation in such genes tend to have a difficulty in following proper meal timings and meal quantities and thereby they are likely to overeat [9]. Generally, a balanced diet with adequate dietary fiber, and healthy snacks timed appropriately is proven beneficial in weight control. Further on to this, an insight into nutrigenetics will personalize weight control remedies for people carrying genetic variations in weight-regulating genes. For instance, genetic variations in leptin or leptin receptor genes demand gene-specific nutrients like omega-3 fatty acids and zinc [10]. Another good example is PPARG gene, which is a vital regulator of carbohydrate and fat metabolism. Variations

in this gene may influence the type of macronutrient that has to be restricted by an individual for his weight management.

Coffee cups and timings are gene-dependent!

Coffee is the most popular social drink, owing to its refreshing aroma and tiredness-averting qualities. Caffeine, the component responsible for giving us alertness or briskness on consuming coffee/tea is a non-nutrient. And hence an enzyme present in our liver, CYP1A2 (cytochrome enzyme P-450 1A2) takes up the responsibility of eliminating caffeine from our body. Based on the efficiency of this enzyme, caffeine gets eliminated at varying timelines (say 3 to 6 hours) in each of us, making us fast or slow metabolizers. This inter-individual difference is caused by variations in the CYP1A2 gene which encodes the caffeine-metabolizing enzyme. Low CYP1A2 activity due to an unfavorable genetic change has been associated with higher caffeine toxicity (caffeine gets retained for an unusually longer time), increasing the risk for caffeine-associated health disturbances like sleep deprivation, anxiety, high blood pressure, palpitation, and heart ailments [11,12]. For instance, extra two cups of coffee could potentially increase the systolic and diastolic BP by around 8 mmHg and 6 mmHg in a slow metabolizer [13]. An insight on our genetic make-up, can help us prevent caffeine-related health disturbances by alternating that extra cup of coffee with another refreshing beverage. A cup of coffee contains approximately 96 mg of caffeine. Generally, healthy adults can tolerate up to 400 mg of caffeine in a day which equates to 2-3 cups of coffee/tea [14]. But in slow metabolizers of caffeine, recommendations are revised to below 100 milligrams of caffeine in a day amounting to 1 cup of coffee/2 cups of tea [15]. Additionally nutrigenetic recommendations insist on the avoidance of vegetables like carrot, celery, parsley and parsnip for at least an hour after caffeine intake as they can slow down caffeine metabolism [16]. On the contrary, cruciferous vegetables increase the rate of caffeine metabolism; consuming 500g of broccoli can increase caffeine elimination from our body by upto 1.2 times, thus minimizing its ill effects [17,18].

Sleep is the best and easiest meditation and we all love it. Its importance in health is so pronounced that we should act promptly even if we miss a bit of it. Sleep inadequacy can have its root cause in caffeine metabolism. Caffeine being a brain-stimulant, we use it after waking up in the morning or to remain alert during the day.

Caffeine makes us feel alert by blocking certain sleep-inducing chemicals in the brain. Adenosine is one such sleep-inducing chemical that our brain produces and keeps accumulating during our waking hours. The more it builds up, the sleepier we become towards the end of the day. When caffeine blocks this process, we remain alert and vigilant. Adenosine build-up also relates with our circadian rhythm or sleep-wake cycle, wherein the darkness of night and adenosine build-up induce sleep. Caffeine can impact the onset of sleep and reduce the sleep quality. Caffeine-interrupted sleep can lead to sleep deprivation the following day, which will show up as fatigue and problems with learning, memory and problem-solving. The Adenosine receptor gene, ADORA2A, regulates the adenosine levels in brain which makes us aware of the sleep timings. Unfavorable changes in this gene can impact sleep, especially in slow caffeine metabolizers. And hence caffeine intake should be managed accordingly. Favorable genetic expression reduces the probability of caffeine-induced sleep disturbances and hence avoidance of caffeine-containing foods and beverages nearly 6 hours prior to sleep is sufficient. While individuals who are predisposed to caffeine-induced sleep disturbances due to unfavorable genetic changes are recommended to avoid the consumption of caffeine-containing foods and beverages for at least 8 hours prior to their sleep [19-21].

Fitness can be enhanced through nutrigenetics!

Nutritional recommendations based on genetic insights have also carved a niche in the area of fitness. Gene-based nutritional recommendations can elevate the ease with which you perform your activities, alongside improving your exercise response in terms of health benefits. For instance, while exercising if you feel breathless or if your muscles get fatigued very soon, then, there may be genetic reasons [22]. For instance, Peroxisome proliferator-activated receptor α (PPARA) gene regulates body's adaptive response to exercise by facilitating more energy fuel provision to the target organ and improves energy utilisation by muscles during exercise. A variation in this gene relates to sub-optimal energy utilization in muscles and hence makes its carrier more prone to fatigue and tiredness while doing exercise [23,24]. Similarly, Adenosine-mono-phosphate-deaminase 1 (AMPD1) encodes the AMPD1 enzyme which actively participates in the catabolism of adenine nucleotide. When muscles use up energy during physical activity, the energy molecule AMP (Adenosine monophosphate)

needs to be converted to IMP (Inosine monophosphate). The accumulation of AMP in muscle causes muscle pain and weakness, a sign of fatigue. AMPD1 gene supports AMP degradation to IMP thus diminishing muscle fatigue. A variation in this gene is associated with sub-optimal activity of AMPD1 enzyme, thus posing a risk for AMP accumulation in exercising muscle and consequently spasms, tiredness and muscle pain after training sessions [25].

To cope with such genetic variations, a start slow and steady approach along with adequate rest periods prove remedial. Additionally, gene-specific nutrients like Coenzyme Q10 or CoQ10 and magnesium can improve your oxygen utilization capacity thereby averting breathlessness. CoQ10 is a cofactor for mitochondrial uncoupling proteins and serves as an integral component of the mitochondrial oxidative phosphorylation system. Its primary dietary sources include oily fish (such as salmon and tuna), organ meats (such as liver), and whole grains [26-35]. Magnesium is critical for basic mitochondrial functions, including the production of ATP, and confers a protective role to skeletal muscle mitochondria. Magnesium increases glucose availability in muscle tissue and favours lactate clearance from muscle [36-42].

Similarly, if post-exercise muscle pain disturbs your regularity of physical activity then it might be related to a genetic reason as well. Genes like COL5A1 (encoding type 5 collagen), COL1A1 (encoding type 1 collagen) and GDF5 (encoding growth differentiation factor 5) have a crucial role in maintaining ligaments and tendons in proper health [25,43]. As ligaments and tendons are natural lubricants that are essential for flexibility, genetic variations in such genes may cause exercise-induced muscle injury or tendinopathy [44]. This genetic variation can be managed and your exercise can be regularized with collagen-strengthening dietary components like anthocyanins, glutathione, vitamin C and certain amino acids like Methionine, Cysteine and Taurine. Flexibility-improving fitness recommendations such as proper pre and post exercise stretching, and random exercising of different muscle groups can also prove beneficial [45-47].

The degree of flexibility helps in determining how well an individual can adapt to his workout based on his propensity for developing swelling and inflammation in joints after exercise [48,49]. Sometimes the delay that you witness in recovering from exercise-induced stress and strain may affect your exercise regimen. This again has an association with genes like TNF α ,

IL6, CRP, amongst others [50]. Variations in these genes can disrupt the balance between pro and anti-inflammatory markers, prolonging exercise-induced inflammation for undesirably longer. Nutrigenetic recommendations focus on dietary components like omega-3 fatty acids and probiotics which have anti-inflammatory benefits and thus can hasten recovery [45-47]. Longer rest periods in between exercises are also helpful along with intake of Branched chain amino acids (BCAA) including leucine, isoleucine and valine. In athletic community, BCAA gained particular interest since they can stimulate protein synthesis in the muscle [51,52].

The gene-nutrient interplay in autism

Autism is a complex developmental disability characterized by abnormalities in spoken language, socialization and repetitive behaviours. Autism has a link with Advanced Glycation End (AGE) Products, which are intrinsic stressors to the cell causing cell damage. They should be metabolized and degraded by the enzyme Glyoxalase 1(GLO1) which is encoded by the GLO1 gene. High levels of GLO1 expression is seen in Purkinje, hippocampal pyramidal, and dentate gyrus cells to keep our brain in prime health. Unfavorable variations in GLO1 gene reduce the enzyme activity causing an accumulation of AGE products in the brain of individuals with autism. Glyoxalase 1 is a zinc metalloenzyme; hence this gene-specific nutrient (zinc) provided through dietary sources improves the activity of GLO1 in individuals who carry a variation in this gene. For instance, the 'A' allele of rs2736654 and rs1130534 in GLO1 gene results in reduced enzyme (GLO1) activity implying an increased cell damage due to Glycation [53,54].

The glyoxalase pathway functions to detoxify reactive dicarbonyl compounds, most importantly methylglyoxal. Methylglyoxal (MG) is partly responsible for harmful protein alterations in living cells, notably in neurons, leading to their dysfunction, and recent studies have shown a negative correlation between GLO1 expression and tissue damage. The glyoxalase pathway is an antioxidant defense mechanism that is essential for neuroprotection. Excessive concentrations of methylglyoxal have deleterious effects on cells, leading to increased levels of inflammation and oxidative stress. Neurodegenerative diseases – including Alzheimer's, Parkinson's, Aging and Autism Spectrum Disorder – are often induced or exacerbated by accumulation of methylglyoxal. Antioxidant compounds possess several distinct mechanisms that enhance the glyoxalase pathway and function as neuroprotectants. Flavonoids

are well-researched secondary plant metabolites (commonly found in fruits and vegetables) that appear to be effective in reducing levels of oxidative stress and inflammation in neural cells. Glutathione is a major constituent of the glyoxalase pathway, and one of the most important endogenous antioxidants for neutralization of dicarbonyl compounds and maintaining redox balance in cells [55].

Conclusion

Our Genes and Nutrients are age-old friends! So let's value individualized nutrient needs based on genetic make-up, and ensure right food choices are just right for you. Individuals cannot change their genetics, but they can eat the right foods to support genetic predispositions.

Bibliography

1. Shyam S., et al. "Effect of Personalized Nutrition on Dietary, Physical Activity, and Health Outcomes: A Systematic Review of Randomized Trials". *Nutrients* 14.19 (2022): 4104.
2. Farhud D., et al. "Nutrigenomics and nutrigenetics". *Iranian Journal of Public Health* 39.4 (2010): 1-14.
3. Chaudhary N., et al. "Personalized Nutrition and -Omics". *Comprehensive Foodomics* (2021): 495-507.
4. Grimaldi KA., et al. "Proposed guidelines to evaluate scientific validity and evidence for genotype-based dietary advice". *Genes Nutrition* 12 (2017): 35.
5. Grimaldi KA. "Nutrigenetics and personalized nutrition: are we ready for DNA-based dietary advice?" *Per Medicine* 11.3 (2014): 297-307.
6. Anna Vesnina., et al. "Genes and Eating Preferences, Their Roles in Personalized Nutrition". *Genes* 11.4 (2020): 357.
7. Martin Kussmann and Laurent B Fay. "Nutrigenomics and Personalized Nutrition: Science and Concept". *Personalized Medicine* 5.5 (2008): 447-455.
8. Okezie I Aruoma., et al. "Personalized Nutrition: Translating the Science of NutriGenomics Into Practice: Proceedings From the 2018 American College of Nutrition Meeting". *Journal of the American College of Nutrition* 38.4 (2019): 287-301.
9. Razquin C., et al. "Evidences on three relevant obesogenes: MC4R, FTO and PPARγ. Approaches for personalized nutrition". *Molecular Nutrition and Food Research* 55.1 (2011): 136-149.
10. Phillips CM., et al. "Leptin receptor polymorphisms interact with polyunsaturated fatty acids to augment risk of insulin resistance and metabolic syndrome in adults". *Journal of Nutrition* 140.2 (2010): 238-244.
11. Ito M., et al. "Functional characterization of 20 allelic variants of CYP1A2". *Drug Metab Pharmacokinetics* 30.3 (2015): 247-252.
12. Mahdavi S., et al. "CYP1A2 Genetic Variation, Coffee Intake, and Kidney Dysfunction". *JAMA Network Open* 6.1 (2023): e2247868.
13. Mort JR and Kruse HR. "Timing of blood pressure measurement related to caffeine consumption". *Annals of Pharmacotherapy* 42.1 (2008): 105-110.
14. Planning Committee for a Workshop on Potential Health Hazards Associated with Consumption of Caffeine in Food and Dietary Supplements; Food and Nutrition Board; Board on Health Sciences Policy; Institute of Medicine. Caffeine in Food and Dietary Supplements: Examining Safety: Workshop Summary. Washington (DC): National Academies Press (US); 2014 Apr 23. 2, Intake and Exposure to Caffeine (2014).
15. dePaula J and Farah A. "Caffeine Consumption through Coffee: Content in the Beverage, Metabolism, Health Benefits and Risks". *Beverages* 5.2 (2019): 37.
16. Peterson S., et al. "Apiaceous vegetable constituents inhibit human cytochrome P-450 1A2 (hCYP1A2) activity and hCYP1A2-mediated mutagenicity of aflatoxin B1". *Food Chemistry Toxicology* 44.9 (2006): 1474-1484.
17. Peterson S., et al. "CYP1A2, GSTM1, and GSTT1 polymorphisms and diet effects on CYP1A2 activity in a crossover feeding trial". *Cancer Epidemiol Biomarkers Prev* 18.11 (2009): 3118-3125.
18. Faber MS., et al. "Assessment of CYP1A2 activity in clinical practice: why, how, and when?". *Basic Clinical Pharmacology and Toxicology* 97.3 (2005): 125-134.
19. Yang A., et al. "Genetics of caffeine consumption and responses to caffeine". *Psychopharmacology (Berl)* 211.3 (2010): 245-257.

20. Byrne EM., *et al.* "A genome-wide association study of caffeine-related sleep disturbance: confirmation of a role for a common variant in the adenosine receptor". *Sleep* 35.7 (2012): 967-975.
21. Drake C., *et al.* "Caffeine effects on sleep taken 0, 3, or 6 hours before going to bed". *Journal of Clinical Sleep Medicine* 9.11 (2013): 1195-1200.
22. Alexander R Gibson., *et al.* "Aerobic Capacity, Activity Levels and Daily Energy Expenditure in Male and Female Adolescents of the Kenyan Nandi Sub-Group". *PLoS One* 8.6 (2013): e66552.
23. S Lopez-Leon., *et al.* "Sports genetics: the PPARA gene and athletes' high ability in endurance sports. A systematic review and meta-analysis". *Biological Sport* 33.1 (2014): 3-6.
24. Petr M., *et al.* "PPARA Intron Polymorphism Associated with Power Performance in 30-s Anaerobic Wingate Test". *PLoS ONE* 9.9 (2014): e107171.
25. Kiah McCabe and Christopher Collins. "Can Genetics Predict Sports Injury? The Association of the Genes GDF5, AMPD1, COL5A1 and IGF2 on Soccer Player Injury Occurrence". *Sports (Basel)* 6.1 (2018): 21.
26. Rajiv Saini. "Coenzyme Q10: The essential nutrient". *Journal of Pharmacy and Bioallied Sciences* 3.3 (2011): 466-467.
27. Diaz-Castro J., *et al.* "Coenzyme Q (10) supplementation ameliorates inflammatory signaling and oxidative stress associated with strenuous exercise". *European Journal of Nutrition* 51.7 (2012): 791-799.
28. Alf D., *et al.* "Ubiquinol supplementation enhances peak power production in trained athletes: a double-blind, placebo controlled study". *Journal of the International Society of Sports Nutrition* 10 (2013): 24 (2013).
29. Stocker R., *et al.* "Ubiquinol-10 protects human low density lipoprotein more efficiently against lipid peroxidation than does alpha-tocopherol". *Proceedings of the National Academy of Sciences of the United States of America* 88 (1991): 1646-1650.
30. M Turunen., *et al.* "Metabolism and function of coenzyme Q". *Biochimica et Biophysica Acta (BBA)-Biomembranes* 1660.1-2 (2004): 171-199.
31. M Bentinger., *et al.* "Coenzyme Q-biosynthesis and functions". *Biochemical and Biophysical Research Communications* 396.1 (2010): 74-79.
32. K S Echtay., *et al.* "Coenzyme Q is an obligatory cofactor for uncoupling protein function". *Nature* 408.6812 (2000): 609-613.
33. KS Echtay., *et al.* "Uncoupling proteins 2 and 3 are highly active H (+) transporters and highly nucleotide sensitive when activated by coenzyme Q (ubiquinone)". *Proceedings of the National Academy of Sciences* 98.4 (2001): 1416-1421.
34. Jonathan A Stefely and David J Pagliarini. "Biochemistry of Mitochondrial Coenzyme Q Biosynthesis". *Trends in Biochemical Science* 42.10 (2017): 824-884.
35. Echtay KS., *et al.* "Coenzyme Q is an obligatory cofactor for uncoupling protein function". *Nature* 408 (2000): 609-613.
36. Ryu Yamanaka., *et al.* "Mitochondrial Mg²⁺ homeostasis decides cellular energy metabolism and vulnerability to stress". *Scientific Report* 6 (2016): 30027.
37. Volpe SL. "Magnesium and the athlete." *Current Sports Medicine Report* 14.4 (2015): 279-283.
38. Nielsen FH and Lukaski HC. "Update on the relationship between magnesium and exercise." *Magnesium Research* 19.3 (2006): 180-189.
39. Barbagallo M., *et al.* "Magnesium, oxidative stress, and aging muscle." *Aging* (2014): 157-166.
40. Chen HY., *et al.* "Magnesium enhances exercise performance via increasing glucose availability in the blood, muscle, and brain during exercise". *PLoS One* 9.1 (2014): e85486.
41. Córdova Martínez A., *et al.* "Effect of magnesium supplementation on muscular damage markers in basketball players during a full season". *Magnesium Research* 30.2 (2017): 61-70.
42. Talebi V., *et al.* "The effects of magnesium supplementation on electromyography indexes of muscle fatigue after intense anaerobic exercise." *International Journal of Applied Science in Physical Education* 2.2 (2018): 58-66.
43. Ricard Pruna., *et al.* "Single nucleotide polymorphisms associated with non-contact soft tissue injuries in elite professional soccer players: influence on degree of injury and recovery time". *BMC Musculoskeletal Disorder* 14 (2013): 221.
44. Nicola Maffulli., *et al.* "The genetics of sports injuries and athletic performance". *Muscles Ligaments Tendons Journal* 3.3 (2013): 173-189.

45. Andrews J. "Supplements That Rebuild Collagen".
46. Cruzat VF, *et al.* "Amino acid supplementation and impact on immune function in the context of exercise". *Journal of the International Society of Sports Nutrition* 11.1 (2014): 61.
47. van Loon LJ and Tipton KD. "Concluding remarks: nutritional strategies to support the adaptive response to prolonged exercise training". *Nestlé Nutrition Institute Workshop Series* 75 (2013): 135-141.
48. Gyrd O Gjevestad., *et al.* "Effects of Exercise on Gene Expression of Inflammatory Markers in Human Peripheral Blood Cells: A Systematic Review". *Current Cardiovascular Risk Reports* 9.7 (2015): 34.
49. Philippou A., *et al.* "Cytokines in muscle damage". *Advances in Clinical Chemistry* 58 (2012): 49-87.
50. Yamin C., *et al.* "IL6 (-174) and TNFA (-308) promoter polymorphisms are associated with systemic creatine kinase response to eccentric exercise". *European Journal of Applied Physiology* 104.3 (2008): 579-586.
51. Jäger R., *et al.* "International Society of Sports Nutrition Position Stand: protein and exercise". *Journal of the International Society of Sports Nutrition* 14 (2017): 20-25.
52. S Haydar., *et al.* "BRANCHED CHAIN AMINO ACIDS AT THE EDGE BETWEEN MENDELIAN AND COMPLEX DISORDERS". *Acta Endocrinology* (Buchar) 14.2 (2018): 238-247.
53. Barua M., *et al.* "Glyoxalase I polymorphism rs2736654 causing the Ala111Glu substitution modulates enzyme activity--implications for autism". *Autism Research* 4.4 (2011): 262-270.
54. Peculis R., *et al.* "Identification of glyoxalase 1 polymorphisms associated with enzyme activity". *Gene* 515.1 (2013): 140-143.
55. Frandsen JR and Narayanasamy P. "Neuroprotection through flavonoid: Enhancement of the glyoxalase pathway". *Redox Biology* 14 (2018): 465-473.