HUMIS

Environmental toxicants in Food & Breast milk & Adverse Health effects

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folkehelseinstituttet

Commercial Interest	aculty Disclosure Nature of Relevant Financial Relationship (Include all those that apply)			
	What was received	For what role		
• None	• N/A	N/A		

Presentation Learning Objectives

After participating in this presentation, learners should be better able to:

- Identify toxicants in foods and the associated potential health effects
- Understand the adverse health risks of certain otherwise healthy foods for young girls and pregnant women.
- Understand the impact of food toxicity on the highly exposed fetus

Content

- History persistent toxicants
- Exposure to toxicants across the world
- Adverse health effects
- HUMIS/NoMIC study
 - Correct exposure assessment, pre-and postnatal effects
 - Mixtures
- Sources
- Recommendations

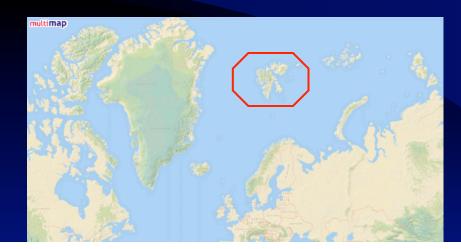
History is short....

- 1950
 - Birds dead
 - Analysis dead birds
 - High concentration
 - Mercury
 - DDT
 - Toxic to many more organisms than intended to kill.
 - Analyses food
 - Egg, meat and fish
 - DDT and mercury
 - Become far more widely distributed



One Earth

- Mid-1950s:
 - Pilots
 - Discolored haze on the horizon
 - Identified as pollutants industrialized areas Europe
- Norway
 - Svalbard: clean undisturbed environment?
 - Toxic organic compounds in polar bears
 - Unexpectedly high levels.





Persistent environmental pollutants POPS

Bioaccumulate

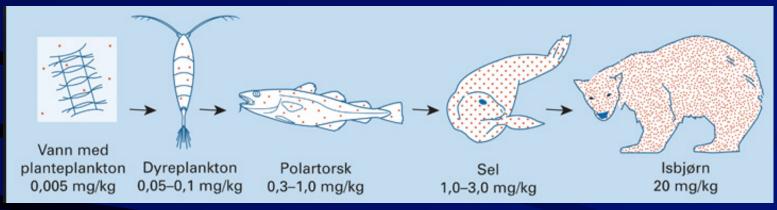
- -Long half lives
- -Fat-solubility
- -Accumulate in fatty tissue

The baby, before birth and when breast-fed, consumes the most concentrated amount of POPs (PCBs, DDT, HCB and dioxins etc).



Biomagnifies in the food chain

 Highest concern humans and animals on the top of the food chain

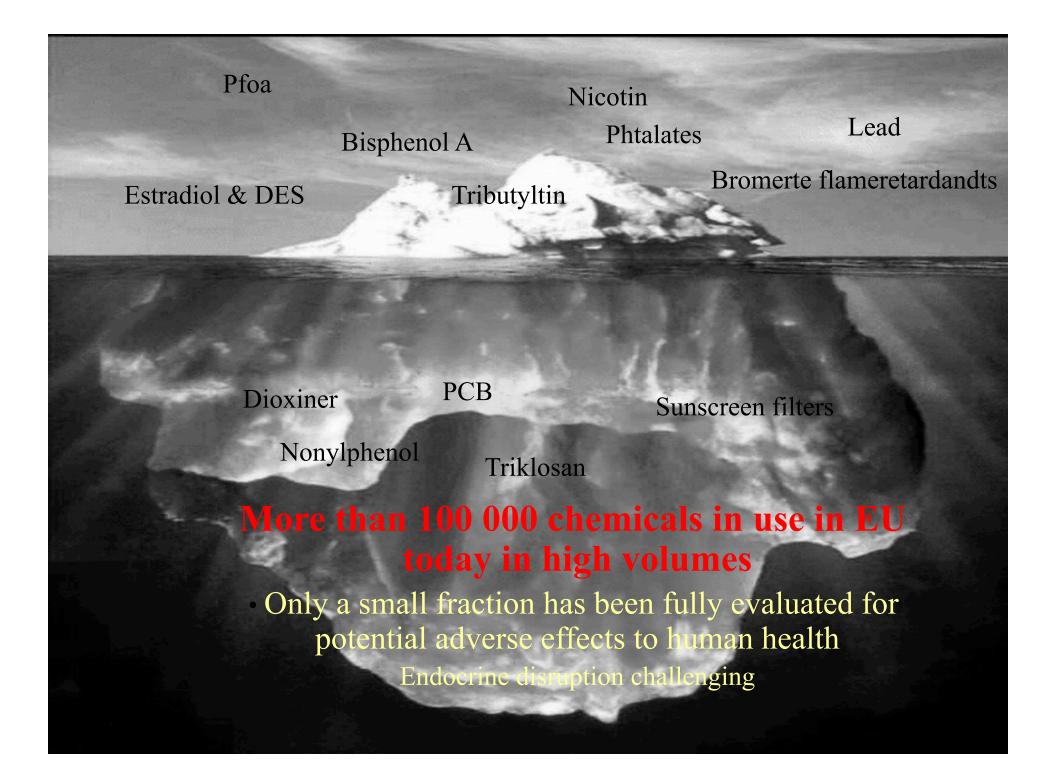


- High concentration in fish, seal and seabirds (seabirdseggs)
- High concentrations in human milk
 - Humans on top of food web
 - Accumulate throughout the life time of the mother
 - High fat content of milk
- Reflects current AND earlier exposure

Time-trends: Dioxin and PBDE in human milk



Borrowed with the courtesy of Gunilla Lindstrøm



WHO-UN report

- The vast majority of chemicals in current commercial use have not been tested at all.
 - 800 chemicals are known or suspected of interfering with hormone receptors, hormone synthesis or hormone conversion
 - Only a small fraction of these chemicals have been investigated in tests capable of identifying overt endocrine effects

UN, WHO panel calls hormone-disrupting chemicals a 'global threat'

An international team of experts reported today that evidence linking hormone-mimicking chemicals to human health problems has grown stronger over the past decade, becoming a "global threat" that should be addressed. The report is a joint effort by the World Health Organization and the United Nations Environment Programme to give policymakers the latest information on chemicals that seem to mess with the hormones of people and wildlife. Much has changed since 2002, when the organizations released a report that called the evidence "weak." The panel of 16 scientists from 10 nations found that endocrine-related diseases and disorders are on the rise. There is now "emerging evidence for adverse reproductive outcomes" and "mounting evidence" for effects on thyroids, brains and metabolism, the report summary says.

- Recent UN/WHO report concludes:
 - Synthetic chemicals have serious health implication and has become a "global threat"
 - Proven or suspected behind many of the diseases we see increasing in the western world
 - Diseases of the endocrine system (diabetes, thyroid disease, obesity, infertility, and breast and prostate cancers)

POPs

- Fetotoxic
- Neurotoxic
- Immunotoxic
- Cancer promoters
- Hormonal effects
- Basic mechanisms
 - molecular level
- Health effects
 - secondary effects
 - long chain of disturbances.
- Complicated research
 - Analysis require expertise
 - PCB: 209 congeners
 - Toxicity
 - Sensitivity vary between species
 - Occur in mixtures
 - additive, synergistic or even antagonistic effects

Persistent organic pollutants

- Dioxins and Furans
- -PCB
- PBDE/ Flame retardant
- Organopesticides (DDT, HCB ++)
- Perfluorinated compounds
- Others

Adverse effects some specific toxicants

• DDT: suspected or proven

 Spontaneous abortions, preterm delivery, obesity, delayed puberty, length-growth, behavioral effects, liver cancer, reproduction, neurodevelopmental, adrenal gland

• Mercury:

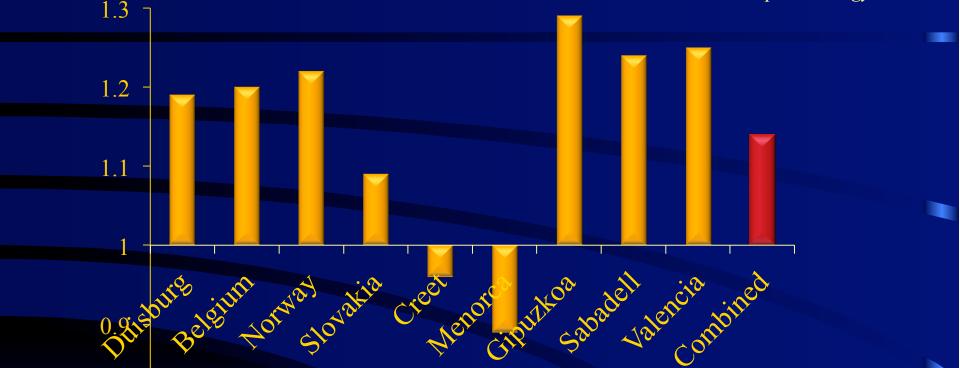
 Exposure during pregnancy developmental delays and brain damage

Priority

- Pooled analysis on data from multiple cohorts
 Data files actually shared
- Power
- Standardized analysis
- Eliminates publication bias
- Improves control for unmeasured confounding
- Some selected POPs

Risk of wheeze or bronchitis in high DDE versus low exposed group

Gascon M. Epidemiology 2014

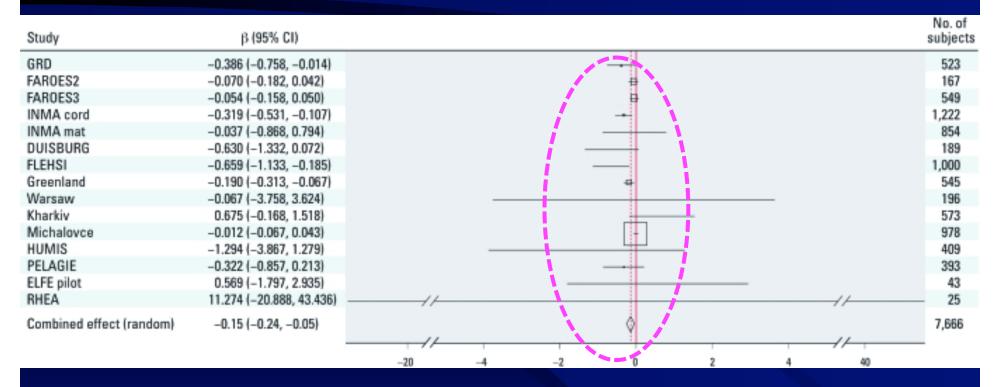


Forest plot showing risk estimates for individual studies and the combined metaanalysis results for the highest versus the lowest DDE exposure and the occurrence of bronchitis or wheeze. 14% increase

Adjusted for gender, age of the child at the time of outcome assessment, duration of breastfeeding, gestational age, number of siblings of the child at the time of birth, maternal age, maternal body mass index, maternal smoking during pregnancy and during postnatal life of the child, maternal education, maternal allergy or asthma, and time of sample collection for POPs

PCB and birth weight

• 15 European cohorts, including 8000 children.

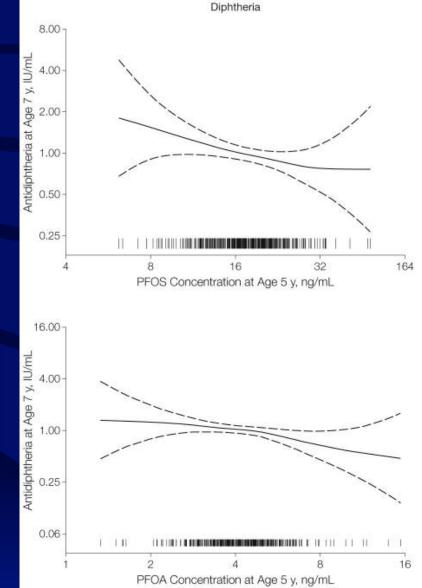


Although variation across cohorts, most show negative estimates Total combined effect estimate: - 150 g in birth weight

Govarts et al. EHP

Perfluorinated compounds

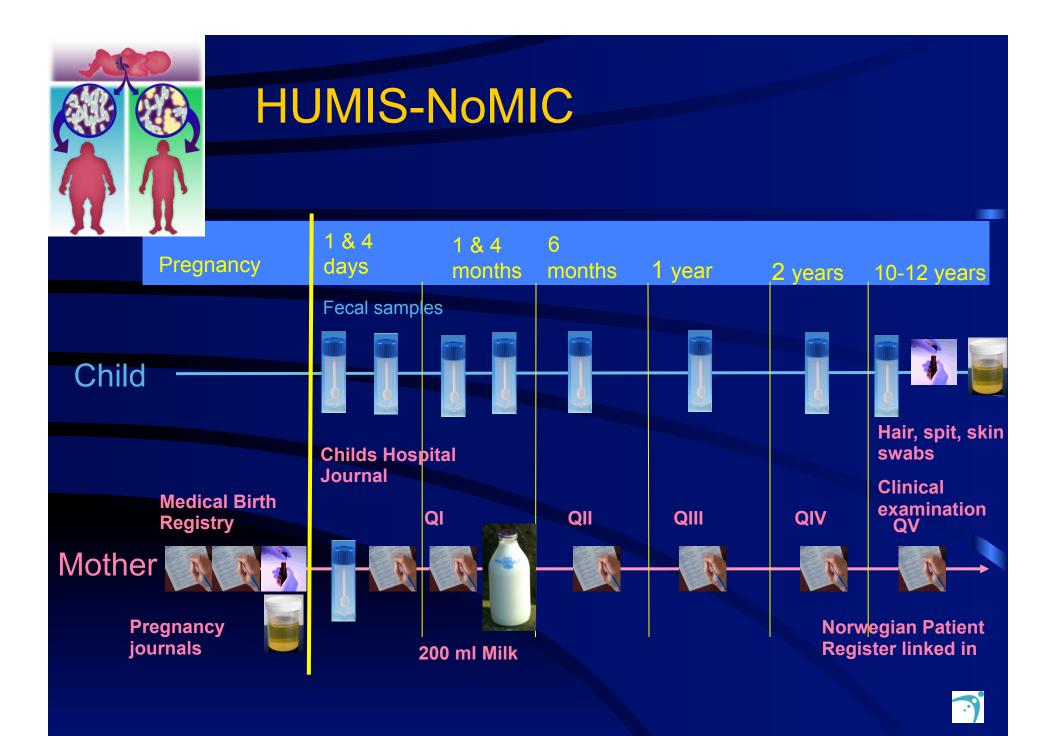
- Single study from the Faroese
- 656 infants
- Prenatal effects
- For each doubling in prenatal exposure to PFOS 40% lower antibody responses at 5y
- Postnatal effects
- A 2-fold increase in PFOS and PFOA concentrations at age 5 years was associated with odds ratios between 2.4 and 4.2 for falling below a clinically protective level of 0.1 IU/ mL for tetanus and diphtheria antibodies at age 7 y
 - Grandjean JAMA 2012



HUMIS/ NoMic Study

- Cohort of 2600 mother-child pairs
 - Recruited 2002-2009
 - 200 ml milk in 2400
 - Pooled 8 samples
 - Approx. 1 month
 - Subset of 550
 - Infant fecal samples at 6 age-points up to 2
 - Recruited at hospital
 - Followed up at 10-12y



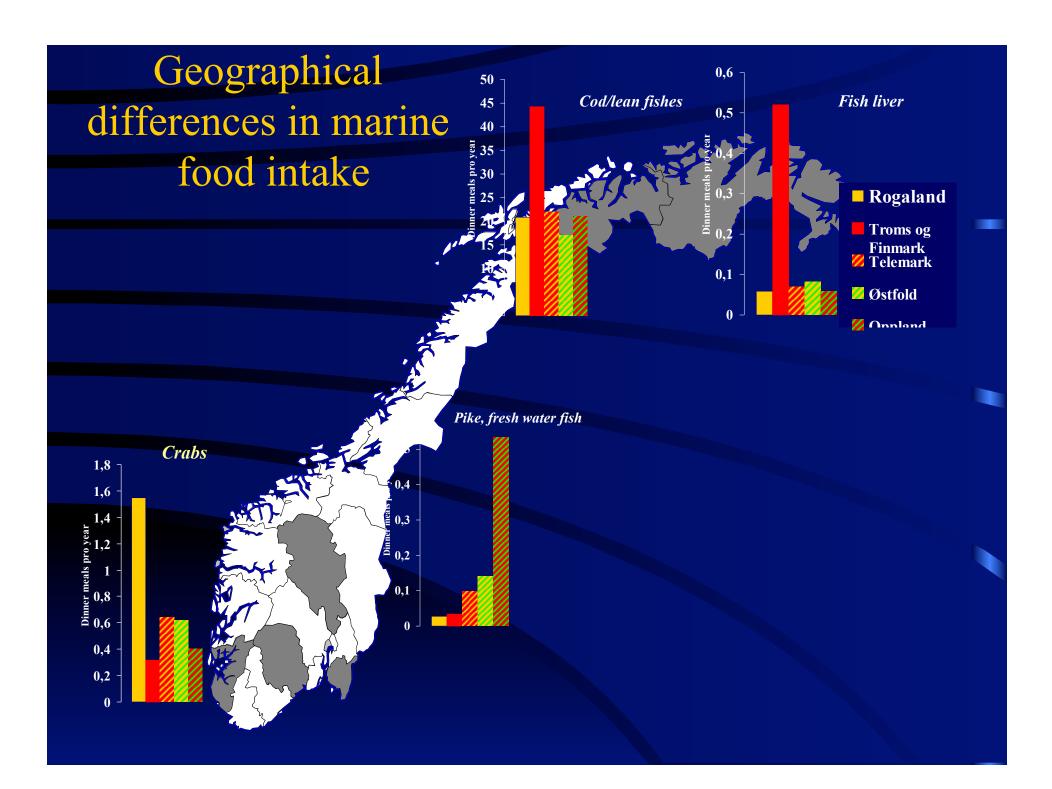


• PCBs:

- -28, 52, 74, 99, 101, 138, 153, 170, 180, 194, 8
- mono-ortho PCBs 105, 114, 118, 123, 156, 157, 167, 189
- **BFRs**:
- 28, 37, 47, 85, 99, 119, 153, 154, 181, 183
- 209 & HBCD
- Organopesticides:
- DDE, HCB, bHCH, oxychlordane
- Perfluorated compounds
- PFOS, PFOA, PFHxS
- Heavy metals: Mercury, Lead, Arsenic and other heavy metals

In subsets

- In 70 (15) samples:
 - PCBs 31, 47, 66, 56, 87, 136, 110, 151, 149, 141, 137, 187, 183, 128, 199, 196, 20 and 209, DDT, α-HCH, γ-HCH, cis-chlordane, trans-nonachlor, mirex, 17 dioxins and furans
- Organotins
- Phtalates



Challenges perinatal assessment POPs

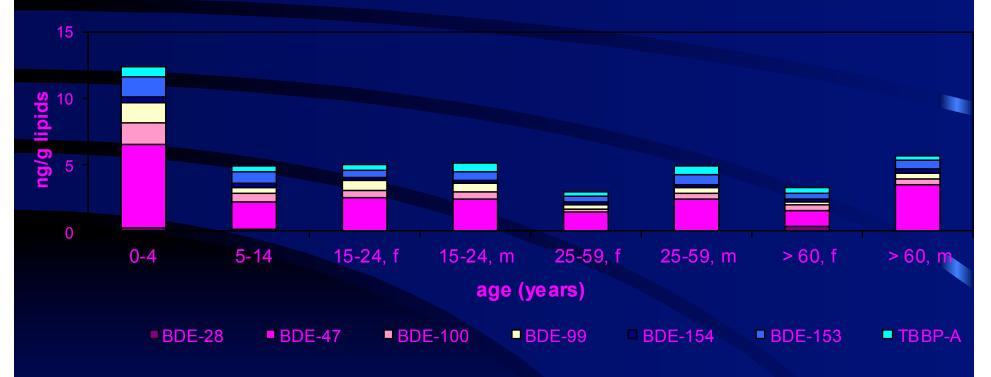
Exposure assessment

- Due to long half-lives single exposure assessments have been assumed to be accurate
- However, major limitations to this assumption in pregnancy and lactation
 - Marked changes in blood lipid composition, maternal weight, glomerular filtration rate during pregnancy
 - Elimination by transfer to the child during breastfeeding
- Concentrations POPs vary in the period of pregnancy breastfeeding and for the infant while being breastfed and growing

Brominated flameretardants

The youngest are the highest exposed within a population-Norway 1998

Sum PBDE and TBBP-A

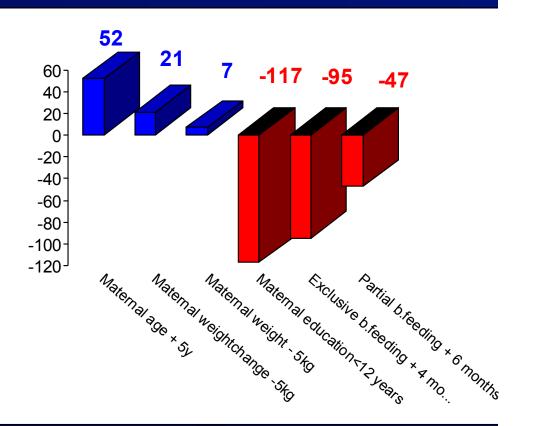


•Cathrine Thomsen et al

Factors influencing levels of DDE in human milk

• Statistical significant factors shown

- Smoking significant in crude but not adjusted model.
- Siblings, sex, maternal education, number of years between last and current child not significant
- 38% explained variance prior to input of dietary variables
- Largely the same variables that predicted other POPs

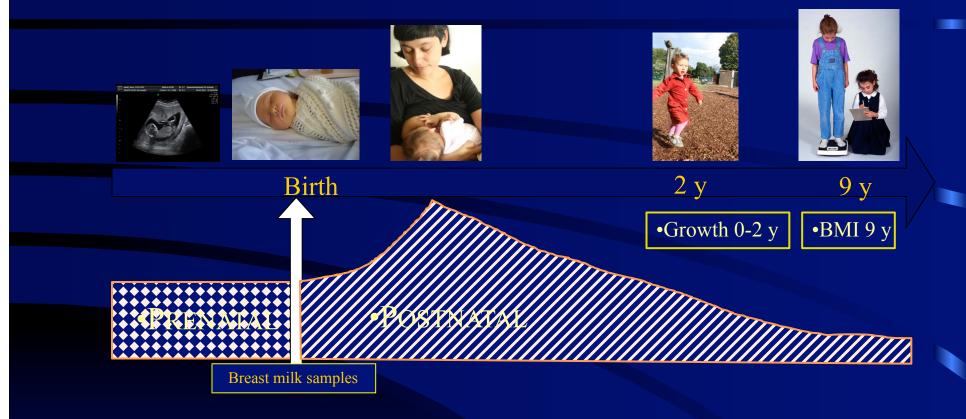


• Data from a linear regression model, the estimated change shown as percentage change of median levels. Unpublished data

Challenge: exposure assessment in pre- and postnatal period

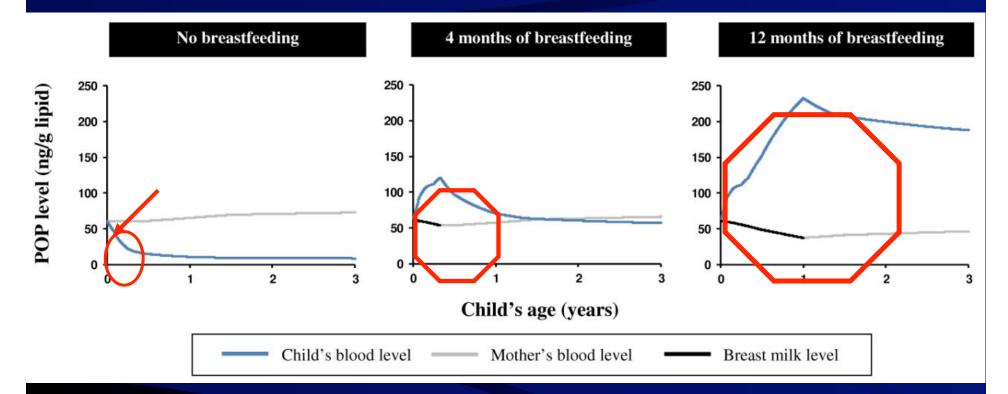
EXPOSURE

OUTCOMES



- Exposure in postnatal period not constant (BB)
 One single estimate at any time point will misclassify
 - Critical windows within this period

Exposure in early childhood



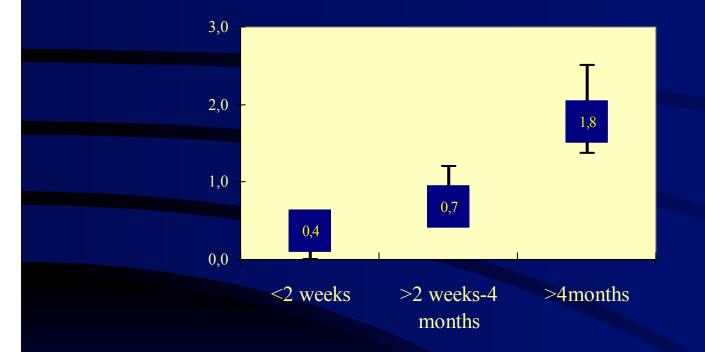
- Simulated toxicokinetic profiles in children breastfed for 4 months.
- Duration of breastfeeding determines postnatal exposure
 - In babies not breastfed: total exposure during infancy small
- Misclassification of exposure

Verner MA et al. EHP 2013

Child's PCB-load at 4 years

According to length of breastfeeding

Walkowiak Lancet 2001



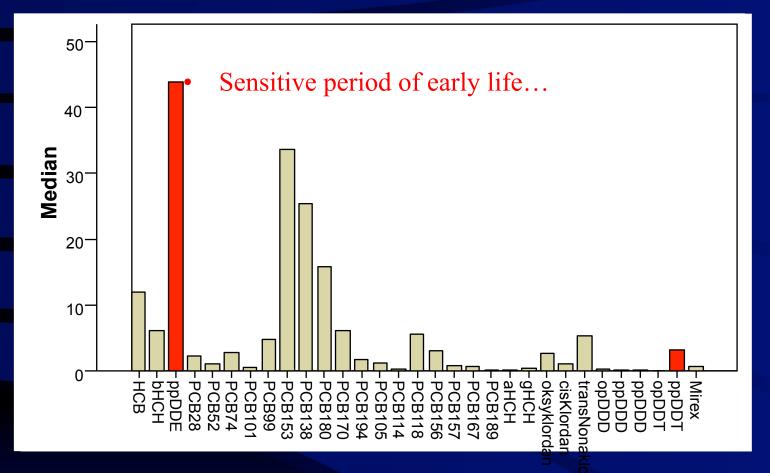
- Levels 5 x higher breastfed for more than 4 months
- Median breastfeeding 4 months

Table 2.6. List of known and suspected environmental obesogens (A=Animal study, C=Cell culture study, H=Human study). Janesick &Blumberg (2011) provide more detailed information about obesogens.

Chemical	Commercial use	Relevant EDC action	Obesogenic activity Changes identity of adipose precursors, increases triglycerides in adipose tissue (A)		
Tributyltin	Pesticide, wood preservation	Binds PPARy			
Phthalates	Plasticizer	Binds PPARy	Induce adipocyte differentiation (C), men's waist size		
PFOA	Non-stick coatings	Weakly activates PPARy	Induce adipocyte differentiation (C))		
Flavanone	Natural plant products used as flavourings	Binds PPARy	Induce adipocyte differentiation (C))		
PCBs	Electronics	Binds AhR in adipocytes	CB-77 promotes adipocyte differentiation, obesity (C,A		
Bisphenol A	Plastics	Binds ER, ERRy	Induces adipogenesis (C), obesity (A)		
Hexachlorobenzene	Fungicide	Alters TH signaling	Gestational exposure levels influence BMI (H)		
Bisphenol A diglycid ether	Epoxy resins	Unknown	Induces adipogenesis (C)		
PBDEs	Fire retardants	Reduces thyroid function	Stimulate fat production (C)		
Diethylstilbestrol	Pharmaceutical estrogen	Binds ER	Perinatal exposures cause obesity (A). BMI in young children (H)		
Genistein	Natural component in soy	Binds ER	Perinatal exposures cause obesity (A).		
Perfluoroalkyl sulfonate	Non-stick coatings	Binds ER	Perinatal exposures cause obesity, alter insulin & leptin levels (A).		
Nicotine	Found in tobacco products		Alters development of pancreas & adipose tissue, increases adipose cell size (A)		
DDE	DDT metabolite	Binds ER	Concentrations in mothers associated with weight and BMI in female offspring (H)		

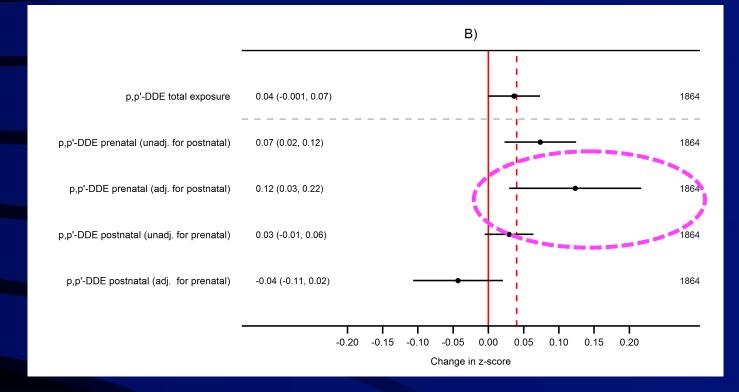
The mechanisms by which most of these chemicals affect weight gain are largely unclear. Tributyltin, one of the few chemicals studied in detail, activates the combined peroxisome proliferator -activated receptor gamma (PPAR- γ)/ retinoid-X-receptor (RXR) pathway, the main pathway for fat cell differentiation (Janesick & Blumberg, 2011) and thereby stimulates fat cell differentiation in vitro and increases adipose tissue in vivo in mice. Similarly, chemicals with estrogenic activity like DES, genistein and BPA appear to act via estrogen receptors on fat cells, and cells of the brain and other tissues to regulate adipose tissue and food intake (Janesick & Blumberg, 2011).

POPs in human milk. HUMIS study



- Many on the list are found in human milk
 - Organotins the exception on the list
 - Nicotin only if exposed to environmental smoking

Pre and postnatal effects of DDE on early growth 7 European cohorts n=1864



The positive effect of DDE on rapid growth is tied to the prenatal period Important to distinguish between pre- and postnatal exposure Results shown for IQR, and corresponds to weighting 250g more (50th percentile)

DDE

Nina Iszatt EHP 2014



Environmental Research Volume 151, November 2016, Pages 91–100



Novel application of statistical methods for analysis of multiple toxicants identifies DDT as a risk factor for early child behavioral problems

Joan Fornsª, Siddhartha Mandalª, Nina Iszattª, Anuschka Polder⁵, Cathrine Thomsenº, Jan Ludvig Lyche^d, Hein Stigumª, Roel Vermeulen^f, Merete Eggesbøª, ≜, ≌

- 24 different toxicants: PCBs, BDEs, HCB, DDT, DDE +
- Infant toddler check list
- Only DDT identified out of all studied
- A significant worsening in behavior at 12 months in offspring of mothers with high levels

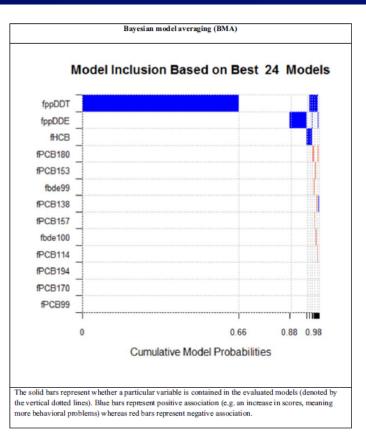


Fig. 3. Main results from selection methods BMA of toxicants associated with behavioral problems at 12 months assessed by the Infant Toddler Symptom Checklist (ITSC).

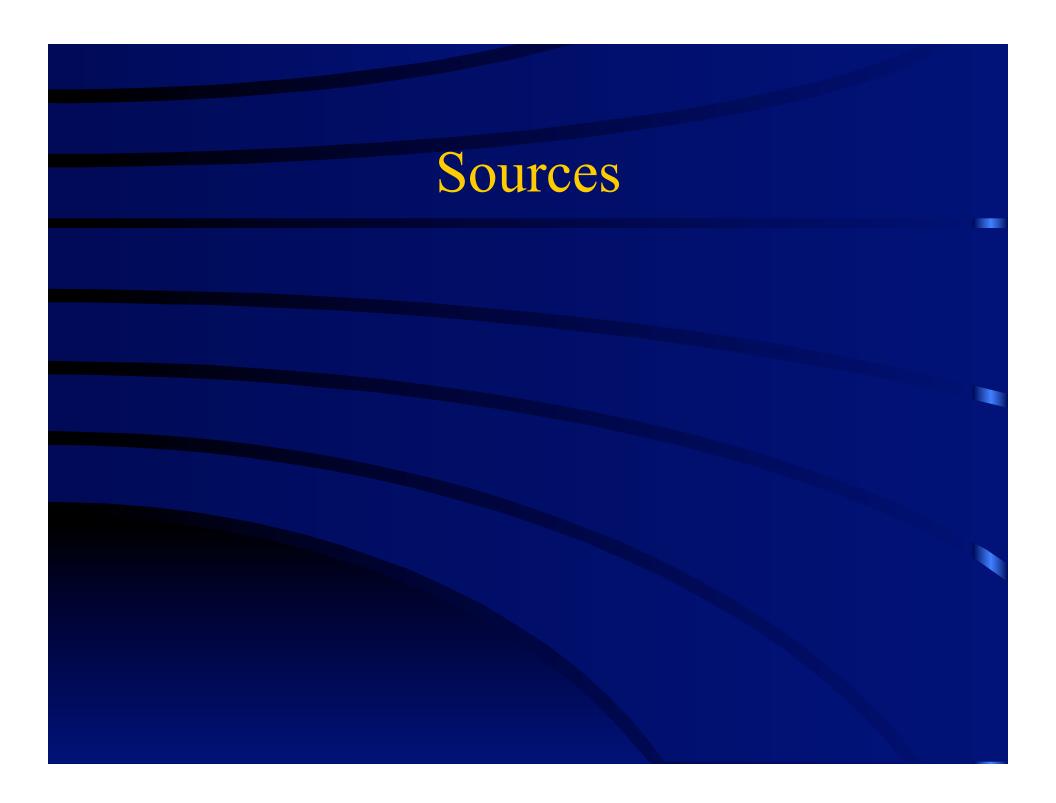
Breastfeeding

• Breastmilk:

- Optimal nutrition for the baby
- Immunological crosstalk mother-child
- Oligosaccharides important for gut microbiota composition
- Benefits of breast-feeding is believed to outweigh risks from POPs in mother's milk

Exceptions:

- Women unusually high POPs
- For long duration of breastfeeding there is a tradeoff between benefits and exposure to POPs
- Most important: reduce levels in girls/women in reproductive age!

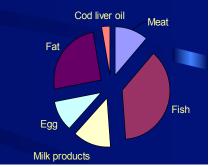


Sources

- POPs such as PCBs, DDT, HCB and Dioxins:
 - PCB: Electrical circuits/tarnsformers, isolated window, building materiale, airborn if proximity to contaminated sites
 - HCB: unintended biproduct chlorinated pesticide processes
 - Dioxins: unintended combustion products, fires
- Brominated flame retardants
 - Electronical equipment, furniture
- Perfluorinated compounds
 - Teflon, waterproof clothing (gortex), wax
 - Non-stick food packing

Sources

- POPs such as PCBs, DDT, HCB and Dioxins:
 Fatty food, especially marine products
- Brominated flame retardants
 - Marine products, but also dust
- Perfluorinated compounds
 - Marine products, dust, water
 - Food choices (wrapping, teflon)





Contaminant pattern varies across marine products

- Lean fish: Mercury
- Fatty fish: POPs
- Shift in feed: farmed salmon fed more soy beans and less marine fats and the content of PCBs and other POPs have decreased while pesticides has increased
- Large and old fish
- Locally fished

Fish intake during pregnancy

- Omega-3 fatty acids promote brain development
- Source of Iodine
- Healthy proteins
- The 2010 Dietary Guidelines for Americans recommend 8 to 12 ounces — two average meals of seafood a week for pregnant women
- Avoid locally fished marine products
- Avoid fish known high content mercury



Fish intake during pregnancy

C Overweight/obesity at 6 years of age

Cohort	N	The make adding pregnancy						
		>1 but ≤3 times/wk			>3 times/wk			
		Odds Ratio (95% CI)		Weight, %	Odds Ratio (95% CI)	1	Weight, %	
ABCD, Netherlands	6062	0.98 (0.83-1.15)		28.6	1.28 (0.94-1.75)	-	24.3	
EDEN, France	1581	0.66 (0.46-0.94)	-	10.0	1.03 (0.64-1.66)	- #	12.9	
GASP II, Italy	530	1.48 (0.78-2.82)		4.3	1.87 (0.95-3.69)		7.1	
HUMIS, Norway	1458	0.96 (0.68-1.38)	—	11.4	0.82 (0.50-1.34)		11.4	
KOALA, Netherlands	2538	0.87 (0.62-1.23)		11.4	1.06 (0.50-2.28)		5.7	
NINFEA, Italy	2202	1.08 (0.84-1.38)		18.6	1.62 (1.12-2.33)		20.0	
PROJECT VIVA, US	1568	0.80 (0.61-1.05)	-	15.7	1.10 (0.76-1.59)	-	18.6	
All participants	15939	Overall estimate 0.93 (0.81-1.06) <i>P</i> heterogeneity = .19	0 1 2 3 OP (95% CI)	100.0	Overall estimate 1.22 (1.01-1.47) <i>P</i> heterogeneity = .30	0 1 2 3 OP (95% CI)	100.0	
			OR (95% CI)			OR (95% CI)		

- Pregnant women who ate fish >3 times /week
 - Offspring higher BMI values at 2, 4 and 6 years of age
- Fish consumption of >1 &< 3 not associated with increased risk of childhood overweight or obesity

When pregnant

• Avoid fish with high levels of mercury

- Shark, swordfish, king mackerel, tuna and tilefish (sushi).

• Avoid old and large fish (large trouts, halibut, pike)

- Avoid locally fished products
 - Follow local fish and wildlife advisories strictly

Fish intake before pregnancy



In general

- Cooking reduces POPs in fish
- Avoid food-items from countries with less strict regulations, before childbearing and while pregnant
- Wash fruits and vegetables
- Follow fish and wildlife advisories
- The bigger and older the fish the worse (pike, halibut versus cod from open sea)
- Wild salmon will have more omega 3

Presentation Clinical Actions

After participating in this presentation, clinicians should be better able to:

 Apply specific concepts regarding the adverse health impact of environmental toxicants in food and breast milk when making dietary recommendations for young girls and pregnant women.

Acknowledgements

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