

PHYSICIAN FACT SHEET ON NUTRITIONAL INTERVENTIONS FOR COGNITIVE HEALTH

1. Midlife obesity may be related to late-life cognitive decline.
2. Midlife obesity may contribute to later life hypertension, diabetes, and hyperlipidemia which increase the likelihood cognitive loss.
3. Folic acid and B12 deficiencies can produce cognitive dysfunction.
4. Elevated homocysteine is related to risk for dementia and vascular disease.
5. Routine, standard vitamin supplementation for Folic acid and B-complex vitamins is recommended for all elders regardless of dietary status.
6. Metal levels, such as aluminum, are not clearly linked to Alzheimer's disease.
7. Standard supplementation with antioxidants, such as Vitamin E, may be beneficial; however, high-dose antioxidants can produce medical complications.
8. Moderate alcohol consumption may have specific health benefits, especially wine.
9. Nutritional and herbal supplements are not proven to benefit cognitive function.
10. Simple, safe vitamin and dietary supplements may benefit patients and provide a valuable placebo effect that improves quality of life.
11. Diets that are high in trans-fats may increase risk for later-life dementia.
12. Diets high in mono or poly unsaturated fatty acids may protect cognitive function, such as the Mediterranean diet or eating multiple helpings of fish.