#### Cornell University Division of Nutritional Scie

#### **Iodine and Selenium**

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# **Micronutrients**

- · Required by the human body in small amounts
- Body can't produce them, obtained through the diet
- Do not provide energy, yet essential for life!
- 2 types:
  - Vitamins ('vital'=life, 'amine'=nitrogen-containing compound):
     Fat-soluble; Water-soluble
  - Minerals





· 4% of the body's weight

Inorganic

- · 15 essential minerals (i.e. can't be synthesized in the body)
- Food sources: Meat, fish, milk, cheese, green leafy vegetables, legumes
- · Higher concentration and bioavailability in animal sources
- Retain their chemical identity not destroyed by heat, air, acid, mixing

# Functions

- Structure of body tissues bones, teeth, nails, blood, nerves and muscles Calcium
- Osmotic balance Sodium (Na), Potassium (K)
- Nerve impulse Calcium (Ca), Sodium (Na)
- Muscle contraction Calcium, Sodium
- Oxygen transport Iron
- Physical and mental development Iron
- Maintain immune function Zinc

### Hidden Hunger

- "The chronic lack of vitamins and minerals that often has no visible warning signs so that people who suffer from it may not be aware of it"
- · Can lead to mental impairment, poor health, productivity, or death
- 1 in 3 people in the world suffer from hidden hunger
- Women and children from the lower income groups in developing countries are most affected

www.micronutrient.org



# **Micronutrient Deficiencies**

Iron

 47% of preschool-age children (293 million); 42% of pregnant women (56 million); 25% of the total population (1.6 billion) are anemic

Vitamin A

- 1/3 of preschool-age children (190 million) are vitamin A deficient
- Iodine
  - Nearly 2 billion people have insufficient iodine intakes

WHO, 2008. Worldwide prevalence of anemia: 1993-2005,WHO, 2009. Worldwide prevalence of vitamin A deficiency in populations at risk: 1995-2005,Andersson et al. Bulletin of the WHO, 2005







# A REVIEW OF 'THE INTERNATIONAL CONFERENCE ON ENDEMIC GOITRE HELD AT BERNE, SWITZERLAND\* BY R. R. FITZGERALD. Montreal Montreal To Switzerland belongs the rather dubious bonour of leading the list of the countries in which goitre is endemin. In this small country, goitre and certinism, deaf-mutiam and iddocy not-only blight the lives of a high persentage of the people but also leave the remaining spparently healthy population under the stigms of border-line physical and mental deficiency. The Swiss Goitre Commission has been in existence many years. It has seen surgery gain some of its most brilliant triumphs in the cure of goitre. It is now in the midst of a great experiment in prophylaxis with iodized salt.

# Berne Conference 1932

Fitzgerald RR. The Canadian Medical Association Journal December 1932

# Sources of lodine

- · Concentration in food reflects the soil in which plants are grown or on which animals graze
- · Plentiful in the ocean
- · Needed in tiny amounts, but this amount is critical

Dietary iounie				
Life Stage Group	Recommended lodine Intake (µg/day)			
Infants				
0-6 months	110*			
7-12 months	130*			
Children				
I-8 years	90			
Males & Females				
9-13 years	120			
14+ years	150			
Pregnant women	220			
Lactating women	290			

# Dietary Sources in the US

- · Vegetables and grains
  - · lodine content relatively low and highly variable depending on the soil content
- · Table salt (not mandatory)
- Bread
  - · lodate dough conditioners
- · Dairy products
  - · lodine supplementation of cattle feed
  - Use of iodophor sanitizing agents for udder washes, teat dips, and cleaning milking equipment (->nondeliberate)





HYPOTHYROIDISM	HYPERTHYROIDISM
Cold intolerance	Heat intolerance
Bradycardia (slow pulse)	Tachycardia (fast pulse)
Constipation	Increased defecation
Fatigue	Anxiety, Tremor
Weight gain	Weight loss
	-





Iodine Deficiency						
Median U	rinary lodine (	<100 µg/L)				
<ul> <li>Iodine ex</li> </ul>	creted primarily	r through urine				
Indiaster of indias intoles, not thursdid function						
• Indicator	or roune intake					
2012 2.1 Epidemiological criteria for assessing lodine nutrition based on median UI concentrations in school-age children						
Median UI (ug/B	Iodine Intake	Iodine nutrition				
110 110 1 U-B/ 1						
< 20	Insufficient	Severe lodine deficiency				
< 20 20-49	Insufficient	Severe lodine deficiency Moderate lodine deficiency				
< 20 20-49 50-99	Insufficient Insufficient Insufficient	Severe lodine deficiency Moderate lodine deficiency Mild lodine deficiency				
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Fetal Effects

- Maternal iodine deficiency
- Decreased placental transfer of thyroxine
- Impaired brain development
  - (cretinism, poor motor/cognitive performance)

# Symptoms?

lodine and Evolution					
The	seographical R	eview			
VOLUME 89	January 1998	NUMBER 1			
THE IODINE	FACTOR IN HEALTH AND	EVOLUTION*			
	JEROME E. DOBSON				
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#### **Iodine Deficiency** PHYSIOLOGICAL GROUPS HEALTH CONSEQUENCES OF IODINE DEFICIENCY All ages Goitre Hypothyroidism Increased susceptibility to nuclear radiation Fetus Spontaneous abortion Stillbirth Congenital anomalies Perinatal mortality Neonate Endemic cretinism including mental deficiency with a mixture of mutism, spastic diplegia, squint, hypothyroidism and short stature Infant mortality Child and adolescent Impaired mental function Delayed physical development lodine-induced hyperthyroidism (IIH) Impaired mental function Adults lodine-induced hyperthyroidism (IIH)





- · Nearly 2 billion people worldwide have insufficient iodine intake
- · Single greatest preventable cause of mental retardation
- Serious consequences of deficiency:
- People have impaired mental function, less vigorous, harder to educate & motivate
- Mild maternal deficiency can  $\downarrow$  child's IQ by 10-15 points
- · Implications on economic productivity

1 Andersson et al. Bulletin of the WHO, 2005



 Pregnancy and Lactation: Recommendations of the American Thyroid Association
 '..., the American Thyroid Association recommends that women receive 150 µg iodine supplements daily during pregnancy and lactation and that all prenatal vitamin/mineral preparations contain 150 µg of iodine'

Thyroid 2006, 16(10): 949-951



# Why Fortification?

- Salt is consumed by everyone and generally stable throughout the year
- · Safe and inexpensive
- Accessible fortification technology
- · Limited number of producers
- Sensory/cooking properties
- Ease of program implementation













Age (vears)	Males and Females (ug/day)	Pregnancy (pg/day)	Lactation (UQ/day)
1-3 y	20	N/A	N/A
4-0 y	20	N/A	N/A
9-13 y	40	N/A	N/A
14-18 y	55	60	70
19 x +	55	60	70
pe <b>r 1</b>	Table 3: /	i dequate 1	 Intake for S
	Table 3: / Age (months	Males	Intake for S s and Female day)
	Table 3: Age (months 0-6 mon	Adequate ) Males ) (yg/s	Intake for S s and Female day) 15

Poori	Micrograms (pp)	Percent pv*
Brazil nutz, dried, unblanched, 1 ounce	544	700
Tuna, light, canned in oil, drained, 3 nunces	63	95
Beef, coeked, 3% ounces	35	50
Spaghetti w/ moat souce, frozen entrée, 1 serving	34	50
Cod, cocked, 3 ounces	32	45
Turkey, light meat, roasted, 3% cunces	32	45
Beef chuck mast, lean only, roasted, 3 ounces	23	35
Chicken Breast, meat only, roasted, 3% ounces	20	30
Noodles, enriched, bailed, 1/2 cup	17	25
Macaroni, elbow, enriched, boiled, 1/2 cup	15	20
Egg, whole, 1 medium	14	20
Cottage cheese, low fat 2%, 1/2 cup	12	15
Oatmeal, Instant, fortified, cooked, 1 cup	12	15
Rice, white, enriched, long grain, cooked, 1/2 cup	12	15
Rice, brown, long-grained, cooked, 1/2 cup	10	15
Bread, whole wheat, commercially prepared, 1 slice	10	15
Walnuts, black, dried, 1 ounce	5	
Bread, white, commercially prepared, 1 slice	4	6



# **Glutathione Peroxidases**

- GPx 1-4, 6
- Destroys Hydrogen Peroxide
  - $\ensuremath{\text{H}_2\text{O}_2}$  generates free radicals, which can damage DNA, lipids, and proteins
- GPx 4 is a structural protein necessary for the integrity of the sperm midpiece
- · Se deficiency can lead to male infertility



- Family of 3 selenoenzymes
- Needed for the peripheral conversion of thyroid hormone to its active form

# **Thioredoxin Reductases**

- Provide reducing equivalents for ribonucleotide reductase
  - Needed for DNA synthesis
- Over-expressed in many cancers

# Selenoprotein P

- Probably protects the cardiovascular system against oxidant damage
- Very efficient at binding heavy metals



# Selenium Status

- Hair
- Toenails
- Plasma levels (99% US adults have Se levels < 95 ng/ml)
- Glutathione peroxidase activity



# Regions of SE Deficiency

- China
- New Zealand
- Central Africa
- Finland
- Western Europe
- Northwestern US

# Se Deficiency



- Kashin-Beck Disease
  - Degenerative Osteoarticular disorder still occurs in parts of China, Korea, and Siberia
  - Se supplementation does not eliminate this disease likely due to concomitant iodine deficiency
- Keshan Disease
- Endemic cardiomyopathy largely been eliminated
- Total Parenteral Nutrition
- · General muscle wasting, flaky skin, problems walking

# Se Deficiency

- · Epidemiological studies show that Se may be linked to:
- Cancer
- Bronchopulmonary disease and Sudden Infant Death Syndrome in Premature Infants
- Impaired immunity reduced T-cell counts and impaired lymphocyte activity
- HIV disease progression
- Thyroid Disease
  - · Se deficiency can lead to Goiter
  - · Combined Se and I deficiency Myxedematous Cretinism



#### Se and Coxsackie Virus

- Coxsackie virus in selenium deficient mice mutates from an avirulent to virulent strain because of a 6 bp change in its genome.
- Se deficiency Low GPx More oxidative damage from free radicals
- · Similar phenomena occurs with influenza in Se-deficient mice

# Se and Cancer

- · Observational Studies
  - Death from Lung, Colorectal, and Prostate Cancers lower among people with higher blood levels or intake of Se
- SUVIMAX in France
  - Supplement (vitamins A and C, beta-carotene, zinc, and Se) lowered risk
     of Prostate CA by half in those who had normal PSA at baseline
- · SELECT (Se and Vitamin E Cancer Prevention Trial) in the US
  - · Se and/or vitamin E did not prevent prostate cancer

• Associated with increased risk of disease progression and death									
• Trial in	Trial in Tanzania among HIV-infected women								
	Outcome	Mean Placebo	Mean Change Selenium Group	Ρ					
	CD4 cell count (/mm3)	486±278	1 (22, 19)	0.72					
	CD3 cell count (/mm.3)	1635±630	10 (38, 58)	0.86					
	CD8 cell count (/mm.3)	1048±439	12 (21, 44)	0.91					
	Viral load (log)	4.12±1.03	0.02 (0.11, 0.06)	0.71					
				ĸ	upka, AJCi	N 2008;87:1802			

# Se Toxicity

- · Dr. Gregory House: You idiot.
- Dr. Samira Terzi: Who are you calling an idiot?
- <u>Dr. Gregory House</u>: Whoever knew that John was stationed in Brazil, not Bolivia. • Dr. Samira Terzi: Brazil?
- Dr. Gregory House: [House turns and faces Agent Smith] Well, then, I guess, I'm talking to you, idiot.
- CIA Agent Smith: It's the same region. It's the same parasite, same diseases.
- <u>Dr. Gregory House</u>: But not the same language. In Bolivia, chestnuts are chestnuts. Brazil, on the other hand, has Castanhas-do-Pará, literally, "Chestnuts from Pará." Because it would be stupid for people from Brazil to call them Brazil Nuts.
- · CIA Agent Smith: So he ate Brazil Nuts. Big Deal.
- <u>Dr. Gregory House</u>: No, he ate a lot of Brazil Nuts, which is a big deal, because they contain selenium. Which, in high doses, causes fatigue, vomiting, skin irritation, discharge from the fingernail beds, and hair loss. Any of this sound familiar? /tt1123416/

http://

Selenosis · Se toxicity • GI upsets, hair loss, white blotchy nails, garlic breath odor, fatigue, irritability, and mild nerve damage http://ods.od.nih.gov/pdf/factsheets/selenium.pdf

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